

In Grandma's Attic

Fall Schedule 2010 **Ballet for Ages 2 – 6** **in Washington Heights**

FALL SESSION: September 17th, 2010 – November 19th, 2010

Faculty: Angie Blocher

BALLET CLASS SCHEDULE:

Fairies & Fantasy	Level I/II	Ages 3 - 6	Fridays 4:00 – 4:45 p.m.
Budding Ballerina	Level I/II	Ages 2 – 3	Fridays 4:50 – 5:30 p.m.

TUITION: Fall Session: September 17th, 2010 — November 19th, 2010

		Returning Students – Registration Received By Aug. 10th	Returning Students – Registration Received Aug. 10 th - Sept. 10th	Returning Students – Registration Received After Sept. 10th	New Students **Tuition includes a One-Time New Student Registration Fee
All Students Processing Fee		\$17.00	\$17.00	\$17	\$17.00
Ballet Class	40 - 45 min.	\$278.00	\$298.00	\$313	\$318.00**

PLEASE NOTE: Instructors, Schedules, and Locations subject to change. Tuition, processing, and registration fees are non-refundable. There is no credit given for classes missed. Classes may be made up only within the session they were missed. Make-up classes may not be applied or extended into the next session. Please call ahead to arrange for all make-up classes.

ATTIRE: All classes wear pink ballet slippers and white socks or tights on cold days. In addition, each class wears a different colored leotard: **Budding Ballerina:** White Leotard, **Fairies & Fantasy:** Light Pink Leotard

LOCATION: Community Room, Castle Village
110 Cabrini Boulevard. Please use back entrance.

REGISTRATION: To sign up, please complete the attached registration form and return with your payment to In Grandma's Attic, P.O. Box 230694, NY, NY 10023.

QUESTIONS: Leave a message at **voicemail #212-726-2362**, or send an email to grandma@ingrandmasattic.com and Miss Bailay will reply soon! Visit our website at ingrandmasattic.com.

In Grandma's Attic

Fall SESSION 2010 REGISTRATION:

This Registration Form is for (check one): ___ UWS 2-7 years ___ UWS 7-13 years ___ Wash Heights

Child's Name _____ Birthdate _____ Age _____

Parent Names _____ Occupation _____

Address _____

Telephone (day) _____ (evening) _____

Email _____ Drug/Food Allergies _____

Caregiver's Name(s) _____ Caregiver(s) Phone _____

Person(s) Authorized to Pickup your child After Ballet and their Phone No: _____

Emergency Contact Name _____ Telephone _____

Child's Physician Name _____ Telephone _____

Child's Academic School _____ Prior Dance Training _____

1st Choice: _____ 2nd Choice: _____
Class/ Level _____ Class/Level _____

Day _____ Time _____ Day _____ Time _____

Location _____ Location _____

Tuition Due : \$ _____
Processing Fee: \$ **17.00**
Total Payment: \$ _____ amount enclosed

PLEASE NOTE THE FOLLOWING POLICIES:

- Make checks payable to **In Grandma's Attic**.
- Submit registration and payment by mail to: **In Grandma's Attic, P.O. Box 230694, NYC, NY 10023**
- **Include a Self Addressed Stamped Envelope** for registration confirmation. Otherwise no confirmation will be given.
- Registration is considered incomplete without parent/guardian's signature below.
- Registration is accepted by mail **ONLY**. In-person registration at class will **NOT** be accepted.
- **Reservations for registration may be made** if you are concerned your materials will be received late. To make a reservation, email us at grandma@ingrandmasattic.com and mail in your materials with payment by regular postal mail within SEVEN days. (Subject to Availability). **RESERVATIONS ARE ONLY VALID FOR SEVEN DAYS**. If after seven days, both your completed registration form and payment have not been received by mail, your reservation for registration will be cancelled.
- **Tuition, processing and registration fees are non-refundable. There is no credit given for classes missed. Classes may be made up only within the session they were missed. Make-up classes may not be applied or extended into the next session.**

RELEASE OF LIABILITY: I, as the legal parent or guardian of the above student, have read the school policy information, authorize my child's enrollment in the above class(es)/program and release Deborah Bailay, her contractors and employees of **In Grandma's Attic** of liability due to personal injury or loss of property.

Signature of Parent/LegalGuardian _____ Date _____

Questions? Call Voicemail # 212-726-2362, email us at grandma@ingrandmasattic.com or visit our Website at www.ingrandmasattic.com