

# THE SCHOOL OF CLASSICAL BALLET

7 MULLINS COURT #1

EAST CAMBRIDGE, MA

02141

617-721-6643

[www.theschoolofclassicalballet.com](http://www.theschoolofclassicalballet.com)

[info@theschoolofclassicalballet.com](mailto:info@theschoolofclassicalballet.com)

Dear School of Classical Ballet Parents and Students,

Enclosed is all the information regarding our 2016-2017 dance year! New for this year, we've added a Hip Hop class to the schedule, and we are also beginning our Repertory Company for students Ages 11+, entering grades 6 and up. Like last year, we are offering students the chance to register for either the Fall Term or the entire 2016-2017 year.

## **New Classes:**

Hip Hop on Mondays from 4:00-5:00pm

Ballet Foundations on Thursdays from 3:30-5:00pm

Beginner Modern/Jazz on Fridays from 4:30-6:00pm

Modern II on Saturdays from 1:30-3:00pm

## **New Class Times:**

Ballet I on Mondays from 4:00-5:00pm and Wednesdays from 5:30-6:30pm

Ballet I/II on Mondays and Thursdays from 5:00-6:30pm

Modern/Jazz I on Tuesdays from 3:30-5:00pm (half hour longer!)

Ballet III/IV/V on Tuesdays from 5:00-6:30pm

Beginning Tap on Wednesdays from 3:30-4:30pm

Tap I on Wednesdays from 4:30-5:30pm

Primary III on Wednesdays from 3:30-4:30pm

Modern/Jazz I on Fridays from 3:30-5:00pm

Please note there are no reimbursements for missed classes. If a student is unable to attend class, please try to notify us before class starts. Make-up classes are allowed only when approved by SOCB.

**Just a reminder: your child will be registered once we receive the registration form and tuition, and classes do fill up quickly.** Payments include a \$20.00 registration fee with the tuition. This is an annual fee, so it is due only once per year. If you have questions please always feel free to email or call, and visit our **website, [www.theschoolofclassicalballet.com](http://www.theschoolofclassicalballet.com)**, for all relevant information regarding the 2016-2017 dance year.

Thank you, and we look forward to September!

Sincerely,

Kirsta Sendziak

617-721-6643

[info@theschoolofclassicalballet.com](mailto:info@theschoolofclassicalballet.com)

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# 2016-2017 Calendar and Tuition

**Fall 2016 Term (15 weeks)** - Tuesday September 6th - Sunday December 18th.

**2016-2017 year (35 weeks)** - Tuesday September 6th - Sunday June 4th.

Tuesday September 6th-Monday September 12th	1st Parent Watch Week
Monday October 3rd-Sunday October 9th	2nd Parent Watch Week
Wednesday November 23rd-Sunday November 27th	No Classes, Thanksgiving Break
Monday December 12th-Sunday December 18th	In-Class Showing Week
Monday December 19th-Monday January 2nd	Winter Break
Tuesday January 3rd	Spring Term Classes Begin
Tuesday January 3rd -Monday January 9th	3rd Parent Watch Week
Monday February 6th-Sunday February 12th	4th Parent Watch Week
Monday February 20th-Sunday February 26th	No Classes, School Vacation Week
Monday April 17th-Sunday April 23rd	No Classes, School Vacation Week
Monday May 29th	No Classes, Memorial Day

## **Tuition:**

### **Fall 2016 Term**

45 minute – 1 hour classes, \$225.00 each

1.5 hour classes, \$245.00 each

### **2016-2017 Annual**

All classes include a Costume Fee for our Spring 2017 Performance, Tentative Dates, June 3-4, 2017

45 Minute – 1 Hour classes, \$580.00 each

1.5 Hour Classes, \$630.00 each

**Repertory Company**, \$2,000.00. Registration for the Repertory Company is for the entire 2016-17 dance year. Tuition includes class, rehearsal, and costume fees and the three-class yearly discount listed below. Payments can be made all at once upon registration or in four installments of \$500.00.

## **Discounts:**

If your child registers for multiple classes, please subtract the following amounts from the total price of tuition. This discount also applies to families with more than one sibling registered.

### **Fall 2016 Term**

**2 classes-subtract \$20.00**

**3 classes-subtract \$50.00**

**4 classes-subtract \$80.00**

**5 classes-subtract \$110.00**

### **2016-2017 Annual**

**2 classes-subtract \$40.00**

**3 classes-subtract \$100.00**

**4 classes-subtract \$160.00**

**5 classes-subtract \$220.00**

If you register for the 2016-2017 year, you have the option of paying the tuition **all at once at the start of the term or in four equal installments. The first installment is due at registration, the second by October 1st, the third by January 1st and the fourth by March 1st.**

# 2016-17 Class Schedule

## Monday

3:15-4:00pm Primary I Age 4  
4:00-5:00pm Ballet I Ages 8-9  
4:00-5:00pm Hip Hop Ages 9+  
5:00-6:30pm Ballet I/II Ages 9-11

## Tuesday

3:30-5:00pm Modern/Jazz I Ages 11+  
5:00-6:30pm Ballet III/IV/V Ages 13+

## Wednesday

3:30-4:15pm Primary I Ages 5-6  
3:30-4:30pm Beginning Tap Ages 6+  
3:30-4:30pm Primary III Ages 7-8  
4:30-5:30pm Primary II Ages 6-7  
4:30-5:30pm Tap I Ages 7+  
4:30-6:00pm Ballet II/III Ages 11-14  
5:30-6:30pm Ballet I Ages 8-9  
6:30-8:00pm Ballet IV/V Ages 14+

## Thursday

3:30-5:00pm Ballet Foundations Ages 9 +  
5:00-6:30pm Ballet I/II Ages 9-11

## Friday

2:30-3:15pm Pre-Ballet Age 3  
3:30-4:15pm Pre-Ballet Age 3  
3:30-5:00pm Modern/Jazz I Ages 10+  
4:30-6:00pm Beg. Modern/Jazz Ages 9+  
5:00-6:00pm Rep Rehearsal

## Saturday

9:30-10:15am Primary I Age 4  
9:30-10:15am Primary I Age 5-6  
10:30-11:30am Primary II/III Ages 6-8  
10:30-11:30am Beginning Ballet Ages 9 +  
11:30-1:00pm Ballet II/III Ages 11-14  
12:00-1:30pm Ballet IV/V Ages 14+  
1:00-2:00pm Rep Rehearsal  
1:30-3:00pm Modern II Ages 14+

## Sunday

10:30-11:15am Primary I Ages 4-6

# THE SCHOOL OF CLASSICAL BALLET LLC

## Registration Form

Name of Student \_\_\_\_\_

Present Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name of Parents/Guardians \_\_\_\_\_

Street Address \_\_\_\_\_

Telephone 1 \_\_\_\_\_ Telephone 2 \_\_\_\_\_

Email Address 1 \_\_\_\_\_

Email Address 2 \_\_\_\_\_

If your child has had previous training, please explain: \_\_\_\_\_

\_\_\_\_\_

Please share with us pertinent information that may help us to better serve your child, i.e allergies, emergency medications (i.e. epi pen, etc.), seizures, special needs, physical considerations, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please mark the session and list the classes you would like to register for.

Fall 2016 - Tuesday September 6-Sunday December 18, 2016 \_\_\_\_\_

2016-2017 - Tuesday September 6, 2016-Sunday June 4, 2017 \_\_\_\_\_

Class \_\_\_\_\_ Time \_\_\_\_\_ Price \_\_\_\_\_

Class \_\_\_\_\_ Time \_\_\_\_\_ Price \_\_\_\_\_

Class \_\_\_\_\_ Time \_\_\_\_\_ Price \_\_\_\_\_

Class \_\_\_\_\_ Time \_\_\_\_\_ Price \_\_\_\_\_

Class \_\_\_\_\_ Time \_\_\_\_\_ Price \_\_\_\_\_

Fall 2016

Tuition \_\_\_\_\_

Registration Fee \$20.00 \_\_\_\_\_

Total Enclosed \_\_\_\_\_

2016-2017

Annual Tuition \_\_\_\_\_

1st Installment \_\_\_\_\_

Registration Fee \$20.00 \_\_\_\_\_

Total Enclosed \_\_\_\_\_

It must be understood that classes offered by the School of Classical Ballet involve strenuous physical exertion. Completion and signature of this form releases the school from any responsibility or liability for any stress, strain or injury resulting from class participation.

After registration has been received should the student for whatever reason be unable to attend, withdraw, be excused, or be absent, we will be unable to refund payments.

Parent/guardian signature \_\_\_\_\_

Parent/guardian please print name \_\_\_\_\_

Today's date \_\_\_\_\_

*We will hold a space for you when we receive this form and tuition.*

*Please make your check payable to:*  
The School of Classical Ballet LLC

*And mail to:*  
The School of Classical Ballet LLC  
7 Mullins Court #1  
East Cambridge, MA 02141

We update our website and brochure every term and we would like to use photos of our students in these publications.

Photo Release Form

I hereby give my consent for The School of Classical Ballet to use my child's/ children's photograph and likeness in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor child/ children and myself and attest that I am the parent or legal guardian of the child/ children listed below.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Age of Minor Child/Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_