



BALLET ENROLLMENT – 2011-2012
 Pilot – 10th Age
PLEASE NOTE CHANGES IN SCHEDULE



I am delighted to return this year to teach your children the joy of movement through ballet technique in Calvert’s beautiful dance studio at the Middle School. I have been teaching ballet for 30 years and have a B.A. in Dance.

Enrollments will be on a first-come, first-served basis with a minimum of 8 students per class and a maximum of 16 per class. If fewer than 8 students enroll for any class, that class is subject to cancellation. Preference is given to those students who register for the entire year.

Please place a check under one of the semesters OR both semesters on the lines provided next to your child’s name. Please send your form as soon as possible - these classes fill up very quickly! A six week withdrawal notice must be given in order to receive a partial refund. The intention slip that you may have signed in the spring does not serve as registration for the 2011-2012 year.

I look forward to working with your children. Please do not hesitate to call with any questions.

Ginny Becker
410-252-7424

Dress Requirements: Solid colored leotard, pink tights, pink ballet shoes – no bedroom slippers. Hair must be pulled back off the face for each class.

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| TUESDAY 2:00 – 2:45 | 9/27–12/6: \$200/fall | 1/24-4/24: \$235/spring |
| Pilot Class | 2 Semester Price: \$435 | |
| TUESDAY 3:15 – 4:15 | 9/27–12/6: \$200/fall | 1/24–4/24: \$235/spring |
| 8th Age – 10th Age | 2 Semester Price \$435 | |
| WEDNESDAY 3:15 – 4:15 | 9/28-12/7: \$200/fall | 1/25-5/25: \$235/spring |
| 6th & 7th Ages | 2 Semester Price: \$435 | |

**Please make checks payable to Ginny Becker and mail to 1603 Front Avenue, Lutherville, MD 21093
 (Tear off portion below)**

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|--|---------------------|------------|--------------|---------------------|
| Pilot (Tues) | Name of Child _____ | Fall _____ | Spring _____ | Calvert Class _____ |
| 8th Age – 10 th Age(Tues) | Name of Child _____ | Fall _____ | Spring _____ | Calvert Class _____ |
| 6 th & 7 th Ages (Wed) | Name of Child _____ | Fall _____ | Spring _____ | Calvert Class _____ |

Will your child be attending After School Care? Yes No

Parent Name: _____

Address: _____

Phone: _____ Cell: _____

Amount paid: _____