

BALLET SAN JOSE SCHOOL

School Director, Lise la Cour
School Administrative Director, Kristin Bertrand

KIDS CAMP

A Dancing Day Camp
for Boys and Girls, Ages 5 - 10



June 21 – 25, 2010

10:00 a.m. – 4:00 p.m.

With optional early drop off/
late pick up hours:
9:00 – 10:00 a.m. and 4:00 – 5:00 p.m.

KIDS CAMP 2010

This action-packed dancing day camp is designed especially for boys and girls ages 5 – 10, with and without previous dance training. Daily classes include ballet, character, choreography, musical theatre, jazz, costume design and boys' class. Classes are taught by Ballet San Jose School's world class faculty, who will prepare the students to put on a show for their parents at the end of the week. Classes begin each day at 10:00 a.m. and end at 4:00 p.m., with supervised breaks throughout the day for water, snacks, lunch and play time.

Students are divided into two separate groups of children, ages 5 – 7 and 8 – 10. These two classes will be limited to 25 students each, so space is extremely limited! Parents must sign up in advance for early drop off/late pick up hours 9:00 – 10:00 a.m. and 4:00 -5:00 p.m.

Non-refundable tuition: \$500.00
Early Drop Off/Late Pick Up: \$100.00

To sign up today, please fill out the application on the inside of this brochure, and mail it with a \$100 non-refundable deposit by April 30 to: Ballet San Jose School, 40 North First Street, San Jose, CA 95113. If you wish to pay with a credit card, you can register in person or over the phone by contacting the School Registrar at (408) 288-2820 x 223. Tuition is due in full by June 4.

For questions regarding this program, please contact School Administrative Director, Kristin Bertrand at (408) 288-2820 x218 or kbertrand@balletsj.org.

What to Wear:

Girls - black leotard, pink tights, and pink leather ballet slippers. Hair must be worn in a bun. Short hair must be pulled off the face with a black elastic head band.

Boys - black shorts, white fitted t-shirt, white socks and black or white ballet slippers.

What to Bring:

A water bottle, snacks and a lunch (no food that requires refrigeration, soda or candy, please).



Photo by Paul Tumason



Photo by Paul Tumason

Ballet San Jose School
40 North First Street
San Jose, CA 95113
(408) 288-2820 x223
www.balletsj.org

NEW STUDENT APPLICATION

COMPLETE AND RETURN

- Open Division ages 4 - 16
- Professional Division
(Audition required - ages 8 and up)
- Summer Intensive



FOR OFFICE USE ONLY

Date Received _____
Suggested Placement _____

Last Name _____ First Name _____ Age _____ Date of birth _____ Previous Dance Studio _____ Period of study _____
Street address _____ City _____ State _____ Zip _____
Mobile phone _____ Home phone _____ Work phone _____ Company Name _____
Name of parents/guardians _____ and (Relationships) _____
Name of Academic School student attends _____ Grade Level _____ E-mail address _____

Ballet San Jose SCHOOL is proud to be recognized as a school of diversity.

Ethnicity: [Please check one box]

- American Indian Asian Pacific Islander Black/African American Hispanic White Decline to specify

CONTACT IN CASE OF EMERGENCY

Name _____ Relationship to student _____
Day Phone _____ Evening Phone _____
Name of Physician _____ Telephone of Physician _____

INSURANCE INFORMATION (For use in case of medical emergency)

Name of insurance company _____ Policy number _____ Coverage dates _____
Name of policy holder _____ Policy holder's social security number _____

MEDICAL HISTORY

Known allergies [medications, etc.] and/or pre-existing conditions _____ Medications being taken _____

AGREEMENT AND RELEASE

As an adult student or a parent/guardian of a student, I understand that Ballet San Jose cannot be responsible for any injuries or damage suffered by my child during his/her participation in the Program. With this knowledge, I consent to my child's participation in the Program. I further consent to my child's participation in field trips and any other activity in connection with this program. I agree that neither my child nor I, as a parent/guardian, will institute any legal action or assert any claim against Ballet San Jose School for any injury or damage experienced by the student. As a parent/guardian, I am in full understanding of, and will comply with, tuition payment/refund policies as set forth by Ballet San Jose School.

All students of BSJ School are expected to conform to the School's policies, and conduct themselves in a disciplined, responsible and courteous manner at all times. I understand that BSJ School reserves the right to suspend or dismiss any student whose attitude, attendance or conduct is found to be unsatisfactory. I consent to the reproduction and/or use of photographs, videotapes and film or audio recordings of myself or my child/charge for advertising or promotional purposes by Ballet San Jose or Ballet San Jose School. In an emergency situation, if I cannot be reached, I also hereby grant permission for a staff member of BSJ School to seek professional emergency medical treatment for my child. If, in the judgement of a qualified medical doctor or other personnel of an emergency treatment facility, medical assistance or treatment is required, this will authorize such assistance or treatment.

Signature of Parent with legal custody/Legal Guardian/Adult Student _____ Date _____