

# THE AILEY® SCHOOL ENROLLMENT FORM

## Summer 2009

**Please complete this form and make a copy for your records.**

Submit payment and forms to:

THE AILEY SCHOOL

Admissions Office

405 West 55<sup>th</sup> Street, New York, NY 10019

**Payable by Certified Check, Money Order or Credit Card ONLY. NO  
PERSONAL CHECKS!**

**Please note:** you must see The Ailey School Bursar *in person* to complete the registration process during the designated registration period. If you have questions about payments call ☎ 212-405-9519, or registration call ☎ 212-405-9513.

jo: Deposit form front

### A. STUDENT INFORMATION:

<b>Name:</b> _____				
<i>Last</i>		<i>First</i>		<i>middle initial</i>
<b>Current Address:</b> _____				
<i>Street name and number</i>				
<i>City, Town or Province</i>		<i>State</i>	<i>Postal code</i>	<i>Country</i>
<b>Telephone:</b> _____		<b>Cell ph. #:</b> _____		
<b>E-mail: (please print clearly)</b> _____				
<b>Social Security #:</b> _____		<b>Fax #:</b> _____		
<b>Date of birth:</b> _____		<input type="checkbox"/> <b>Male</b>	<input type="checkbox"/> <b>Female</b>	
<i>Month / day / year</i>				
<b>Address in N.Y. (if known):</b> _____				
<i>Street name and number</i>				
<i>City, Town or Province</i>		<i>State</i>	<i>Postal code</i>	<i>Country</i>
<b>Tel. # in N.Y. (if known):</b> _____				
<b>Audition City/Date:</b> _____		<b>Program:</b> _____		

### B. EMERGENCY CONTACT INFORMATION:

<b>Name:</b> _____				
<i>Last</i>		<i>First</i>		<i>middle initial</i>
<b>Relationship to student:</b> _____				
<b>Telephone:</b> _____		<b>Cell ph. #:</b> _____		
<b>E-mail: (please print clearly)</b> _____				

### C. ETHNIC CATEGORY:

(Optional) As a school that participates in Federal financial assistance programs, The Ailey® School is mandated by the U.S. Dept. of Education to provide data on the ethnic make up of our student body. Please identify yourself in one of the following categories:

\_\_\_ Nonresident alien \_\_\_ Black, non-Hispanic \_\_\_ American Indian/Alaskan Native  
\_\_\_ Hispanic \_\_\_ White, non-Hispanic \_\_\_ Asian or Pacific Islander \_\_\_ Other: \_\_\_\_\_

**D. PAYMENT INFORMATION**

**\*TUITION AND FEES ARE SUBJECT TO CHANGE**

PROGRAM	TERM	*TUITION and ANNUAL FEES
<input type="checkbox"/> Summer Intensive Program	<input type="checkbox"/> Summer 2009	<input type="checkbox"/> \$2200.00 <i>Full tuition</i> <input type="checkbox"/> \$300.00 <i>Deposit</i>
<input type="checkbox"/> Mandatory Fees	<input type="checkbox"/> NON-REFUNDABLE Registration Fee (Due every year)	<input type="checkbox"/> \$50.00
	<input type="checkbox"/> INT'L STUDENT APPLICATION FEE (if applicable)	<input type="checkbox"/> \$50.00
	<input type="checkbox"/> NON-REFUNDABLE Physical Therapy Fee (Due every semester)	<input type="checkbox"/> \$35.00
		<b>TOTAL</b>
<b>E . REFUND POLICY: Please see Consumer Statement of Understanding</b>		<b>Summer 2009 – Tuition balance due in full – May 29, 2009</b>  <i>(When paying the balance, please remember to deduct your \$300 deposit from the \$2200. full tuition amount)</i>
		<b>LATE PAYMENTS WILL BE ASSESSED A \$75 LATE FEE</b>

**THE AILEY SCHOOL DOES NOT ACCEPT PERSONAL CHECKS**

\*Please see the Consumer Statement of Understanding Form for the complete refund policy

**F. FORM OF PAYMENT** (check one and fill in required information)

Enclosed is my **money order/certified check** for \$\_\_\_\_\_ made payable to: **THE AILEY SCHOOL**

Please charge \$\_\_\_\_\_ to my:

Visa     
  MasterCard     
  American Express     
  Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Print Name as on Card: \_\_\_\_\_

Signature as on Card: \_\_\_\_\_



**THE AILEY® SCHOOL MANDATORY DRESS CODE**

*Required of ALL full-time, Certificate, Independent Study, Fellowship, and Summer Intensive students:*

**BALLET CLASSES**  
**WOMEN**

**Leotard:** white or black  
**Tights:** pink - must completely cover the feet  
**Ballet and Pointe Shoes:** pink (pointe shoes for levels IV, V , VI and VII only)  
**Warmers:** close fitting pink leg warmers only  
**Skirts:** short, sheer skirts are permitted only at the instructor's discretion in levels V, VI, VII, for Pointe and Partnering classes  
**Hair:** If long, it must be pulled back into a bun and pinned securely away from the dancer's face and neck. If short, it must be too short to be tied or pinned back. Underarm hair, bangs, hanging or loose hair styles are not allowed.

**MEN**

**Leotard:** white or black tank or cap sleeved  
**Tights:** black – must completely cover the foot  
**Ballet Shoes:** black ballet shoes  
**Dance belts:** must be worn in all classes and rehearsals  
**Warmers:** close fitting black knitted leg warmers only  
**Hair:** Hair must be short and neatly cut without designs; braids, ponytails and buns are not allowed. Beards and hanging or loose hair are not allowed.

**ALL OTHER TECHNIQUE CLASSES**  
**WOMEN**

**Leotard:** white or black  
**Tights:** black - must stop at the ankle  
**Tap classes:** Tap shoes are required for tap classes  
**Jazz classes:** Jazz shoes, sneakers or flexible jazz boots are required for jazz classes  
**Warmers:** close fitting black knitted leg warmers only.  
**Hair:** If long, it must be pulled back into a bun and pinned securely away from the dancer's face and neck. If short, it must be too short to be tied or pinned back. Underarm hair, bangs, hanging or loose hair styles are not allowed.

**MEN**

**Leotard:** white or black tank or cap sleeved  
**Tights:** black - must stop at the ankle  
**Tap classes:** Tap shoes are required for tap classes  
**Jazz classes:** Jazz shoes, sneakers or flexible jazz boots are required for jazz classes  
**Warmers:** close fitting black knitted leg warmers only  
**Dance belts:** Must be worn in all classes and rehearsals  
**Hair:** hair must be short and neatly cut without designs; braids, ponytails and buns are not allowed. Beards and hanging or loose hair are not allowed.

**HIP HOP**

**MEN AND WOMEN**

Black sweat pants; white t-shirt; black sneakers; black or white baseball cap (optional)  
NO LOGOS unless AILEY logo

**The following items ARE NOT permitted in class:**

Sweat pants, plastic pants or shorts are not allowed. Big shirts, head scarves, dangling jewelry, facial rings of any kind; earrings and nail polish on men; chewing gum. Tattoos must be made invisible with make-up for all performances, studio showings and lecture demonstrations. **As a reminder, dance-wear should be washed daily. Undergarments must be neatly concealed under dance clothes (brassiere straps must be pinned to leotards).** Students who are not in compliance with ANY aspect of the Dress Code will be asked either to observe or to leave class.

By Signing Below: I HAVE READ AND AGREE TO ADHERE TO THE AILEY SCHOOL DRESS CODE FOR THE **ENTIRE DURATION OF MY ENROLLMENT.**

AGREED: \_\_\_\_\_  
Student's Name (PRINT)

\_\_\_\_\_  
Student's Signature

PROGRAM (check one):  
Fellowship

Certificate:   
Summer Intensive

Independent Study   
BFA

# THE AILEY SCHOOL RULES AND REGULATIONS CODE OF CONDUCT

The following rules and regulations have been established to ensure a peaceful, safe and productive atmosphere at The Ailey School. Students are expected to abide by these rules at all times. Violation of these rules may result in reprimand, probation, disciplinary action or dismissal from The Ailey School.

**The Ailey School will not tolerate any of the following:**

1. Smoking on the school premises.
2. Possession, sale or use of alcoholic beverages, narcotics or illegal controlled substances will not be tolerated and may be subject to legal action.
3. All forms of dishonesty, including but not limited to supplying false information to any school official, forgery, unauthorized use of school documents, or theft of official school documents.
4. Theft of or tampering with another person's property or property of The Ailey School.
5. Theft or unauthorized use of school telephones, computers, copier machines, faxes and/or office supplies.
6. Trespassing on roofs or other restricted areas of the school, including administrative offices after business hours
7. Vandalism, or tampering with security devices or fire safety equipment
8. Physical abuse, sexual abuse, threats, intimidation, coercion, commission of any violent act, and/or other conduct which threatens or endangers the health or safety of another person.
9. Harassment of another person, whether physical or sexual, oral, or written.
10. Engaging, or inciting others to engage in, lewd, licentious, or disorderly conduct.
11. Failure to comply with the rules and regulations set forth in The Ailey School student handbook.
12. Unauthorized presence on school property or failure to surrender student ID card upon dismissal from the school due to failure to comply with the rules set forth herein.
13. Non-compliance with the artistic decisions made by The Ailey School staff, faculty and guest artists.

By Signing Below: I HAVE READ AND AGREE TO ADHERE TO THE AILEY SCHOOL CODE OF CONDUCT FOR THE ENTIRE DURATION OF MY ENROLLMENT.

Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_  
*(If student is under 18)*

Date \_\_\_\_\_

PROGRAM (check one):

Certificate:   
Fellowship

Independent Study   
Summer Intensive

BFA



List any allergies or reactions you have had to medications and when:

Medication	Reaction	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any allergies or reactions you have to foods, molds, pollens, animals, insects, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any physical or dance related problems you have including injuries, bone, joint, or muscular disorders, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized? No \_\_\_\_\_ Yes \_\_\_\_\_ (If yes, please specify & include date(s):

Physical illness \_\_\_\_\_

Injury \_\_\_\_\_

Surgery \_\_\_\_\_

Psychiatric \_\_\_\_\_

One's emotional life often has an effect directly or indirectly, on one's physical health, such as symptoms of stress or mood changes. Please provide information about any psychological or emotional matters which could affect your physical health, and about which our School should be aware. \_\_\_\_\_

Have you been vaccinated for the following: Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_

Do you have any religious beliefs affecting any aspect of your health care about which our Office should know?

Yes \_\_\_\_\_ (if yes please specify below) No \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Health Insurance Information

Do you currently have health insurance coverage?

Does your insurance cover you while you are living in New York?

YES

NO

Please provide information below.

Health Insurance company \_\_\_\_\_

Dates of coverage \_\_\_\_\_

**(Please include a copy of your health insurance card. INSURANCE IS MANDATORY FOR ALL STUDENTS!)**

**Health Care Provider Information**

Please list your doctor's information below (include any health care providers in addition to your primary care physician, including chiropractors, physical therapists, etc.)

Primary Physician' name \_\_\_\_\_

Address

\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Other health-care provider(s) \_\_\_\_\_

Telephone #(s) \_\_\_\_\_

*I, \_\_\_\_\_, confirm that the information above is correct and true.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

*I confirm that the above named student is physically able to take part in a rigorous dance program.*

\_\_\_\_\_  
Doctor's signature (required) and License number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if student under the age of 18)

\_\_\_\_\_  
Date

PROGRAM (check one):

Certificate:   
Fellowship

Independent Study   
Summer Intensive

BFA

**Summer 2009**  
**ALVIN AILEY DANCE FOUNDATION**  
**ON-SITE PHYSICAL THERAPY**

**Professional Division**  
**Consent Form**

The Ailey® School offers daily physical therapy Injury Clinics to students of the School. I hereby authorize the Alvin Ailey Dance Foundation, Inc. and the physical therapists in charge of the on-site physical therapy program at the Alvin Ailey facility 405 West 55<sup>th</sup> Street, New York, NY to administer orthopedic physical therapy screening tests and evaluation, and to recommend exercise or other follow-up referrals deemed necessary or advisable for the prevention and care of injuries and/or for general wellness guidelines for the participant named below. I understand and agree that I will be required to pay \$35 for the on-site physical therapy program.

Participant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If participant is a minor or is unable to consent, complete the following:**

Participant is a minor \_\_\_\_\_ years of age

-or-

Participant is unable to consent because \_\_\_\_\_

Signature of legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_

PROGRAM (check one):  
Fellowship

Certificate:   
Summer Intensive

Independent Study   
BFA

**PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.**