

Neglia Conservatory of Ballet 2010-2011 New Student Registration Form
1685 Elmwood Ave, Buffalo, NY 14207 Ph:447-0401 Website:www.negliaballet.org

Your signature confirms that you have read through the Conservatory policies and agree to abide by all the terms and conditions stated therein.

Student

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Female: ___ Male: ___

Academic School: _____ Grade: _____

Home

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email #1: _____ Email #2: _____

REQUIRED

Mother: _____ Father: _____

Married ___ Divorced ___ Separated ___ with whom does child reside? _____

Address (if different from student) : _____

Mother Occupation: _____ Employer: _____

Work Phone: _____ may we contact you at work? Yes _____ No _____

Father Occupation: _____ Employer: _____

Work Phone: _____ may we contact you at work? Yes _____ No _____

Your signature confirms that you have read the 2010/2011 Conservatory policies and agree to abide b all rules stated. The information stated above is current and correct.

Emergency Contact: _____ **Phone:** _____

X
SIGNATURE of Parent/Guardian _____ **Date** _____

Please attach the non-refundable, annual registration fee of \$30 per family.

It is our goal to provide your child with the best dance experience possible. To help us do that please answer the following questions:

Why do you want your child to study dance and what do you hope they learn and accomplish?

If your child has the interest to pursue intensive training in dance, will your family be supportive of the required amount of hours recommended by the Neglia Staff (10 or more hours per week for students in advanced training level)? _____

How many years of previous training has your child had? _____ at NCB ___ Other _____

If not NCB where and what type of dance? _____

How did you hear about NCB? _____

Please list any handicaps, allergies, disabilities, or chronic illnesses including nervous, or emotional conditions that might affect study _____

Beneficiary Statistics Required by Erie County and Other Funders.
Information on this form is confidential. Statistics are only reported in aggregate/total.
Please check the appropriate box in each category

Ethnic/Racial Background	Gross Family Income	
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Below \$4,999	<input type="checkbox"/> \$40,000-49,999
<input type="checkbox"/> African American	<input type="checkbox"/> \$5,00-7,499	<input type="checkbox"/> \$50,000 and above
<input type="checkbox"/> Hispanic	<input type="checkbox"/> \$7,500-9,999	
<input type="checkbox"/> Asian	<input type="checkbox"/> \$10,000-14,999	
<input type="checkbox"/> Native American	<input type="checkbox"/> \$15,000-19,999	
<input type="checkbox"/> Mixed: Which _____	<input type="checkbox"/> \$20,000-29,999	
<input type="checkbox"/> Other: What _____	<input type="checkbox"/> \$30,000-39,000	

Neglia Conservatory of Ballet admits students of any race, color, gender, national, or ethnic origin and religious belief to all the rights, privileges, programs and activities generally accorded or made available to the students of the Conservatory. It does not discriminate on the basis of race, color, gender, national, or ethnic origin and religious belief in the administration of its educational policies, admissions policies, scholarship programs and other Conservatory related programs.