



## SPRING 2012 ENROLLMENT PACKET-YOUTH PROGRAMS

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
(MM/DD/YYYY)

Parent/Guardian Name(s): \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Parish)

Parent home/work phone: \_\_\_\_\_ Parent Cell/Other: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_ Student E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Academic School: \_\_\_\_\_

Previous dance training: \_\_\_\_\_  
(Please include location and age training began, if applicable.)

Student clothing size (circle one):      Child XS      Child S      Child M      Child L      Child XL  
   Adult XS      Adult S      Adult M      Adult L      Adult XL

Student street shoe size (circle one):      Adult      Child      (shoe size number) \_\_\_\_\_

Additional comments: \_\_\_\_\_

Check boxes below to receive communications from NOBA (*you may cancel participation at any time*):

I would like to receive the NOBA Education newsletter and other important emails at the following email address(s):

\_\_\_\_\_

I would like to receive text message alerts at the following cell phone number(s) (*standard text messaging rates apply*):

\_\_\_\_\_

### FACULTY/OFFICE USE ONLY

<b>Center(s):</b>	Annunciation NORDC	Behrman NORDC	Cut Off NORDC	St. Bernard NORDC	Light City Church
	Wilson	Pre-Professional	St. Jerome	St. Benilde	Chalmette High CAC

<b>Level:</b>	Primary	1	2	3	<b>Class/Classes:</b>	Ballet	Tap	Modern
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**Day(s)/Time(s):** \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



New Orleans Ballet Association  
226 Carondelet, 3rd Floor  
New Orleans, LA 70130  
504.522.0996 ext. 213  
504.595.8454 fax  
mwhite@nobadance.com

## NORDC/NOBA Center For Dance

*A cultural, community partnership of the New Orleans Recreation Development Commission and the New Orleans Ballet Association*

### PARENT PERMISSION FORM AND RELEASE

Student Name \_\_\_\_\_ Parent/Legal Guardian Name \_\_\_\_\_

#### Media, Physical Release, Medical and Transportation for Activities

I, the parent/guardian of the above named student, understand the nature and purpose of the training and any trips being planned. I declare that the above named student is of sound physical condition for instruction and training in dance or exercise classes, making no declaration to the contrary to the New Orleans Ballet Association (NOBA), New Orleans Recreation Development Commission (NORDC), its partners, instructors, staff, board of directors, landlords, and insurance companies. I will provide notification to NOBA and NORDC of any allergies or medication requirements for my child. I understand that the nature of dance instruction requires minimal touching of limbs and torso to demonstrate appropriate technique. I grant permission for the above named student to participate and travel to/from the activities as indicated by written schedule distributed to us prior to the event.

I understand that adequate and appropriate supervision will be provided for all activities. I recognize that unexpected situations and problems can arise which are not in the control of the supervising party (including volunteers). I agree to release, indemnify, and hold harmless the New Orleans Ballet Association and the New Orleans Recreation Development Commission, their partners, instructors, staff, board of directors, landlords, agents, officers, employees, volunteers, and insurance companies from any and all liability, claims, suits, demands, judgments, costs, interest, and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student or myself and the costs of medical services.

In the event of an injury requiring medical attention, I grant permission to the supervising party (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. I give my permission to the supervising party (including volunteers) to take my child to the physician, dentist, or hospital if necessary and I cannot be located.

*Please list the name, address and phone number of your family physician or preferred hospital below. Your signature is our authorization to call your physician to render necessary emergency treatment if there should be a serious illness or accident, and we are unable to contact you. If you or your physician cannot be reached, it is our authorization to seek medical help and assistance at the closest hospital.*

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please list any of your child's health conditions or medications we should be aware of:

\_\_\_\_\_

I give the NORDC/NOBA Center For Dance the absolute right and permission to use the above named student's photograph or videography in promotional materials and publicity efforts. I understand that the photographs may be released to the local newspaper and may be used in other publications, as printed as, direct-mail, electronic media, or other forms of promotion. We further release the NORDC/NOBA Center For Dance photographer and their agents from liability for any violation of any personal or proprietary right we may have in connection with such use.

Parent or Legal Guardian Signature

Date



### NORDC/NOBA Center for Dance PARENT/STUDENT AGREEMENT

Dear Student/Parent: Please consider this to be a contract between the New Orleans Ballet Association (NOBA) and the New Orleans Recreation Development Commission (NORDC), its partners, and you (the parent and student). Take a moment to read the following contract together. Be sure to carefully consider each itemized point of agreement. Discuss the items, so that you are sure you understand the meaning and what is being asked of you. Please check each item below to show you accept and understand, then, sign at the bottom.

#### AGREEMENT

**As a student of the New Orleans Ballet Association, I understand that I will be expected to:**

- Be a member of the NORDC/NOBA "family" and will work hard to further my knowledge of dance, music, and theatre.
- Demonstrate respect for the faculty, my peers, parent volunteers, and myself. I will not use profanity, engage in oral or physical arguments, and will obey the faculty.
- Attend all of my classes, field trips, and community activities.
- Be on time or early for my classes, field trips, and community activities.
- Make my own transportation arrangements for class.
- Dress appropriately for classes, remembering all my costumes and props when performing.
- Not bring a cellular phone, pager, or other communication device into the dance studio.
- Abide by the rules of the New Orleans Ballet Association and its partners.
- I, a student of the NORDC/NOBA Center for Dance, agree to carry out my responsibilities to the best of my ability; and, to strive for excellence in all my efforts, in the dance studio and beyond.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**As a parent/guardian of the NORDC/NOBA Center for Dance, I understand that I will be expected to:**

- Assist my child in maintaining his/her agreement with NORDC, NOBA and its partners.
- Be responsible for getting my child to/from all classes & activities on time.
- Show my commitment to the NORDC/NOBA Center for Dance and its partners and understand the registration process, casting process, and class policies.
- Acknowledge that if my child does not meet the above regulations, a parent consultation with the New Orleans Ballet Association Education Coordinator will be scheduled, with a possible consequence being probation or discharge, at the discretion of the Executive Director.
- Demonstrate my support, and understand that my volunteer assistance is vital to the success of my child, and the NORDC/NOBA programs.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Faculty Signature: \_\_\_\_\_

Center: \_\_\_\_\_ Level: \_\_\_\_\_ Comments: \_\_\_\_\_



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**Community Benefit Profile Form – 2012**

AGENCY NAME: New Orleans Ballet Association

PROJECT NUMBER:

The **New Orleans Ballet Association** has received federal funding assistance from the City of New Orleans, Office of Recovery and Development Administration. The Funds are made available by the U.S. Department of Housing and Urban Development (HUD) through the Community Development Block Grant program. A primary objective of HUD is to make certain eligible services available to persons of low to moderate income. In order to help us to monitor our progress toward this goal, we request your assistance in completing the following:

CHILD/PARTICIPANT NAME: \_\_\_\_\_

CHILD/PARTICIPANT S.S.# (or last four digits) : \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

Census Tract Number(s): \_\_\_\_\_

**\*\*\*In addition to this Questionnaire, a copy of support documentation such as most recent check stub, welfare card, etc. will be required to complete the eligibility process. Please include proof of residency.**

*(Household means all person(s) who occupy a housing unit. The occupants may be single family, one person living alone, two or more families living together, or any other group of related or unrelated person who share living arrangement).*

**Household size: circle the number of family members living in your household**

1      2      3      4      5      6      7      8      Over 8

**Gross income and ethnicity: check the space in columns that most accurately describes your household**

**GROSS INCOME**

- \_\_\_\_\_ \$ 0.00 -34,300.00
- \_\_\_\_\_ \$34,301.00 – 39,200.00
- \_\_\_\_\_ \$39,201.00 - 44,100.00
- \_\_\_\_\_ \$44,101.00 -48,950.00
- \_\_\_\_\_ \$448,951.00 - 52,900.00
- \_\_\_\_\_ \$52,901.00 - 56,800.00
- \_\_\_\_\_ \$56,801.00 - 60,700.00
- \_\_\_\_\_ \$60,701.00 -64,650.00
- \_\_\_\_\_ \$Over - 64,651.00

**ETHNICITY**

- \_\_\_\_\_ Black/African America
- \_\_\_\_\_ White/Caucasian
- \_\_\_\_\_ Black/ African American & White
- \_\_\_\_\_ Hispanic/ Latino
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Asian & White
- \_\_\_\_\_ American Indian/ Alaskan Native
- \_\_\_\_\_ Pacific Islander/ Native Hawaiian
- \_\_\_\_\_ Other \_\_\_\_\_

**Household type: circle the best description of your household.**

- Single Parent, female head of household      Single Parent, male head of household
- Parent/Guardianship of Child      Two Parent Household

I certify that all of the information provided herein is true and correct and that all household income is reported. I understand that this information is subject to verification by the City of New Orleans and the U. S. Department of Housing and Urban Development (HUD) or its agent for the purpose of determining my eligibility for participation in the HUD-funded program that is administered by New Orleans Ballet Association. I further understand that deliberate misrepresentation of the required information may subject me to prosecution under applicable Local, State, and Federal laws.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_