



DEVON CARNEY
ARTISTIC DIRECTOR

ADAPTIVE DANCE

2019-2020

Office Only enrollment date

STUDENT INFORMATION:

First Name: _____ Last Name: _____ Gender: _____
Preferred First Name (for roster): _____ Birthdate: ____/____/____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Academic School (if applicable): _____ 2019-2020 Grade: _____

PARENT/GUARDIAN 1 INFORMATION:

Name: _____ Relationship to Student: _____
Address (if different from student): _____
City: _____ State: _____ Zip: _____
Email (will be used as primary email contact): _____
Cell Phone (will be used as primary phone contact): () _____
Home Phone: () _____ Work Phone: () _____

PARENT/GUARDIAN 2 INFORMATION:

Name: _____ Relationship to Student: _____
Address (if different from student): _____
City: _____ State: _____ Zip: _____
Email: _____ Cell Phone: () _____
Home Phone: () _____ Work Phone: () _____

Classes are split into two semesters, Fall and Spring. Students may enroll for one or both.

Fall Semester: September 14, 2019 - November 16, 2019

Spring Semester: January 11, 2020 - March 14, 2020

Performance Add-On: March 28 - May 2

BOLENDER CENTER CAMPUS

*Students may be asked to switch class times following the first two weeks of placement classes.

Ages 3-7

Saturday 11:30-12:00 pm

- Fall Semester
- Spring Semester
- Performance Add-On

Ages 8-10

Saturday 12:15-12:45 pm

- Fall Semester
- Spring Semester
- Performance Add-On

ADMIN USE ONLY

- M/B rec'd _____
- A/P
- E



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HEALTH HISTORY

Adaptive Dance 2019-2020

STUDENT NAME: _____

EMERGENCY CONTACT:

In the event parents/guardians cannot be reached, please contact:

Name (other than parent/guardian): _____ Relation to Student: _____

Emergency Phone 1: () _____ Emergency Phone 2: () _____

DELAY/DISABILITY:

What is the nature of your child's delay/diagnosis?

- Autism Spectrum Disorder
- Down Syndrome
- Other (please describe)

ALLERGIES: *Please list all known allergies, including reaction and treatment. If allergy is severe, please provide KCBS with an emergency action plan.*

HEALTH CONDITIONS:

Please indicate any of the following conditions which have applied or currently apply to the student:

- | | | |
|--|--|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Behavioral/emotional issues | <input type="checkbox"/> Fainting/dizziness | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Gastrointestinal issues | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Headaches | <input type="checkbox"/> Vision impairment |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Other: _____ |

Please explain any item(s) checked above:

IEP/ILP: Please provide KCBS with your child's IEP or ILP so we can comprehensively serve your child to the best of our ability. Our occupational therapist and classroom dance instructor will use these to adapt and modify the classroom structure and lesson plans.

MEDICAL INSURANCE: Please tape below a copy of the front and back of the student's medical insurance card. If you do not carry insurance for your student, please initial here: _____

FRONT

BACK



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QUESTIONNAIRE

Adaptive Dance 2019-2020

STUDENT NAME: _____

COMMUNICATION NEEDS:

Your child can communicate with others using:

Speech: (please check all that apply)

- words phrases sentences

Sign Language/Gestures (please check all that apply)

- | | | | | |
|-----------------------------------|------------------------------------|--|----------------------------------|-------------------------------------|
| <input type="checkbox"/> good | <input type="checkbox"/> time | <input type="checkbox"/> finished/all done | <input type="checkbox"/> quiet | <input type="checkbox"/> fall |
| <input type="checkbox"/> stop | <input type="checkbox"/> thank you | <input type="checkbox"/> high | <input type="checkbox"/> spin | <input type="checkbox"/> scarf |
| <input type="checkbox"/> stand | <input type="checkbox"/> help | <input type="checkbox"/> low | <input type="checkbox"/> sway | <input type="checkbox"/> other_____ |
| <input type="checkbox"/> sit | <input type="checkbox"/> book | <input type="checkbox"/> fast | <input type="checkbox"/> tip-toe | |
| <input type="checkbox"/> more | <input type="checkbox"/> dance | <input type="checkbox"/> slow | <input type="checkbox"/> sharp | |
| <input type="checkbox"/> bathroom | <input type="checkbox"/> rest | <input type="checkbox"/> loud | <input type="checkbox"/> soft | |

Check box indicating Sign Language Style: ASL Other_____

Your child can understand what others say:

- all of the time with time to process with repetition with visual prompting

Does your child like to:

- | | | |
|--|------------------------------|-----------------------------|
| Be touched: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Receive direct praise: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Play with bubbles: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have a reward for good behavior: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Play with tactile fidgets to help pay attention: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Receive stickers: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Your child is most comforted by: (please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> deep pressure | <input type="checkbox"/> oral motor tasks (i.e. blowing bubbles) | <input type="checkbox"/> tactile fidgets |
| <input type="checkbox"/> verbal prompting before transitions | <input type="checkbox"/> body movement | <input type="checkbox"/> other _____ |

LEARNING STYLE:

Your child benefits when learning from: (please check all that apply)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> visual gestures for directions | <input type="checkbox"/> visual schedule | <input type="checkbox"/> 1:1 support |
| <input type="checkbox"/> extra time for transitions | <input type="checkbox"/> body movement | |

Please provide any other learning styles you have found successful: _____

Does your child follow two-step directions? YES NO

BEHAVIOR MANAGEMENT:

What type of redirecting/behavior management techniques are currently being used at home? Provide phrases you use for different situations if applicable.

Has your child had previous dance or movement-based classes? YES NO

If yes, tell us about their experience with those dance/movement-based classes.

SOCIAL:

Does your child seek peer interactions? YES NO

Does your child benefit from modeling of social interactions? YES NO



TUITION PAYMENT

Adaptive Dance 2019-2020

STUDENT NAME: _____

1 SELECT TUITION PAYMENT OPTION

- Enrolling for one semester - \$100**
Semester payment due at registration
- Enrolling for two semesters - \$200**
 - One payment - full tuition due at registration
 - Two semester payments -
first semester (\$100) due at registration,
second semester (\$100) due January 11

2 DETERMINE PAYMENT AMOUNT

Enter Payment: _____
(from Step 1)

Add Registration Fee: **\$45** _____

Performance Add-On (\$60): _____

TOTAL DUE = _____

3 MAKE PAYMENT

BY CREDIT CARD

Card Type: AMEX DISC MC VISA

Cardholder Name: _____

Credit Card Number: _____

Exp: _____ Security Code: _____

I authorize the card listed to be billed automatically per the payment option I selected above.

Please do not bill my card automatically, I will authorize or submit payment by the due date per the payment option I selected above.

Signature: _____

For Financial Aid consideration, please email school@kcballet.org

PAYMENT POLICIES:

- Credit/Debit Card Decline Fee is \$15.00.
- Returned Check Fee is \$25.00.
- Late payment fee is \$20.00.
- Enrollment is per semester.
- KCBS does not send invoices.
- All transactions are non-refundable.

BY CHECK

Check # _____

Please make checks payable to Kansas City Ballet School

How did you first hear about Adaptive Dance at KCBS?
Please select one.

- Ad in _____
- Brochure
- Community Event _____
- Community Group: _____
 - Brain Balance
 - Children's Therapy Group
 - Down Syndrome Guild
- KCB Performance _____
- KCB Social Media _____
- Online search for _____
- Online ad
- Word of mouth _____

What most influenced you to enroll your student?
Please select one.

- Ad in _____
- Brochure
- Community Event _____
- Community Group: _____
 - Brain Balance
 - Children's Therapy Group
 - Down Syndrome Guild
- KCB Performance _____
- KCB Social Media _____
- Online search/KCB Website
- Online ad
- Word of mouth _____



WAIVER AND RELEASE

Adaptive Dance 2019-2020

Please read carefully before signing. This is a release of liability and waiver of certain legal rights.

LIABILITY RELEASE

As the enrolled participant and/or the parent/guardian of the participant, I agree and understand that dance/fitness training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including but not limited to serious physical injury. The participant hereby agrees to participate in activities of the Kansas City Ballet School (KCBS) and hereby agrees to indemnify and hold harmless KCBS, its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in activities of KCBS.

The participant also agrees to indemnify KCBS for any damages incurred arising from any claims, demand, action or course of action by the participant. The participant authorizes any representative of KCBS to have the participant treated in any medical emergency during their participation in activities of KCBS. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant. Any medical/health issues of which the staff should be aware are disclosed on the Health History Form. The parent/guardian will keep KCBS informed of any changes in the participant's health.

PHOTOGRAPHY/VIDEOGRAPHY/SOCIAL MEDIA RELEASE

As the enrolled participant and/or the parent/guardian of the enrolled participant, I authorize Kansas City Ballet and/or its representative, agent or employee to photograph and/or videotape and use any photograph/likeness of me or my minor child for any purpose, including publicity, choreographic archives, promotional materials, KCB social media, and/or any other reason deemed appropriate by the School Director.

I have carefully read the above releases and sign with full knowledge of their content and significance. I have read and agree to abide by all policies and procedures.

STUDENT NAME (please print)

PARENT/GUARDIAN NAME (please print)

PARENT/GUARDIAN SIGNATURE

DATE

Mail, email or drop off completed registration forms, payment, and signed waiver before your first day of classes.

Kansas City Ballet School
500 W. Pershing Road
Kansas City, MO 64118

Phone: 816.931.2299
school@kcballet.org
kcballet.org