

## 2015-2016 PROGRAM APPLICATION



### Program Application

Junior Dancers with Dreams ages 5-10 \* Sr. Dancers with Dreams ages 11-21 **(Check one box)**

APPLICANT'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**CURRENT GRADE POINT AVERAGE:** \_\_\_\_\_

LIST EXTRA-CURRICULAR ACTIVITIES: i.e. Dance Drama Music Voice etc.

ACTIVITY	DESCRIPTION



**REGISTRATION** FEE IS \$25.00 (Due at registration) RECITAL TICKET DEPOSIT \$50.00, COSTUME DEPOSIT \$50.00 (RECITAL & COSTUMER DEPOSIT DUE BY OCTOBER 31<sup>st</sup>)

**DEPOSITS** Monthly Dues \$50.00 (due the 1<sup>st</sup> of every month Beginning October 3, 2015 (LATE FEE) For each day you are late after the 6<sup>th</sup> of the month there will be a \$1. A day penalty. Special accommodations for monthly dues will be made for families with multiple children enrolled in PMDC. After one month of non payment you will be called in for a conference to determine the next step in your child's enrollment

Parents are responsible for outfits for performances: \$50.00 for each dance your child performs in (prices may vary) . all costumes for our end of the year performance **must be paid in full by June** (note) your deposit will be added to the total cost of costumes. In addition parents are responsible for selling 10 tickets to our end of the year performance. Tickets are \$20.00 each. Your deposit will be deducted from your final cost. **All tickets must be paid for by July 15th**

### Part II PARENT/GUARDIAN INFORMATION

HOME ADDRESS If not same as above \_\_\_\_\_

HOME PHONE NUMBERS: \_\_\_\_\_ Work Phone \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_ Email \_\_\_\_\_

NOTE: What is the best way to contact you? Phone, Email, Text, Facebook (check one)



DOES YOUR CHILD HAVE YOUR PERMISSION TO TRAVEL ALONE? YES NO

MEDICAL CONCERNS

Please list medical concerns that we should be made aware of including mental health, physical health, dietary restrictions, developmental variances, etc.

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

PART V: PHOTOGRAPHY RIGHTS AND PERMISSION

(To be filled out by parent/legal guardian)

AGGREEMENT :

I understand that during the course of this program and all involvement therein, my child's photo and or video likeness may be taken, and I hereby give my consent to use any such photo or video in conjunction with promotional use or media coverage

X \_\_\_\_\_ Date \_\_\_\_\_

DISCLAIMER:

I understand that PROJECT MENTOR DEVELOPMENT COUNCIL'S "Dancers With Dreams" group reserves the right to change, cancel, or modify the programs schedule, workshops, or themes at anytime.

PMDC-Dancers with Dreams also reserves the right to withdraw any student whose conduct is deemed disruptive and or harmful to peers, faculty or staff, PMDC Dancers with Dreams & Jr.s Club cannot be held liable for personal injury or damage to or loss of personal property.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in PMDC's Dancers With Dreams Co. A group of dancers whose dreams and aspirations go far beyond the stage, into a world of professional business men and women for they are truly Dancers with Dreams and junior dancers with dreams. If you have additional questions or concerns, please contact Project Mentor Development Council Inc. at 866-857-8300 or [projectmentordc@gmail.com](mailto:projectmentordc@gmail.com) feel free to visit our website at [www.projectmentormy.org](http://www.projectmentormy.org)

PMDC Executive Director-Claudia Cochran  
1641 St. Marks Avenue Suite 1F  
Brooklyn, NY 11233





**RETURNING STUDENTS ONLY**

Check one box: ( ) JDWD 5-10 ( ) DWD 11-21

Childs Name \_\_\_\_\_ DOB \_\_\_\_\_

How many years has your child been a student at Project Mentor Development Council \_\_\_\_\_

**MEDICAL CONCERNS**

Please list medical concerns that we should be made aware of including mental health, physical health, dietary restrictions, developmental variances, etc.

\_\_\_\_\_

**PART V: PHOTOGRAPHY RIGHTS AND PERMISSION**  
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Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

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Please feel free to visit our website at [www.projectmentorny.org](http://www.projectmentorny.org)

**FEES AND DEPOSITS:**

**Registration Fee \$25.00 To be paid at time of registration (New & Returning Strudents) \* Recital Costume Deposit \$50.00 (Due October 2015)**  
**\* Recital Tickets Deposit \$50.00 ( Due November 2015)**

Monthly Dues \$50.00 (due the 1<sup>st</sup> of every month Beginning October 3, 2015 **(LATE FEE)** For each day you are late after the 6<sup>th</sup> of the month there will be a \$1. A day penalty. Special accommodations for monthly dues will be made for families with multiple children enrolled in PMDC. After one month of non payment you will be called in for a conference to determine the next steps in discharging your child from the program

Parents are responsible for outfits for performances: \$50.00 for each dance your child in involved in. All costumes for our end of the year performance **must be paid in full by June** (note) your deposit will be added to the total cost of costumes. In addition parents are responsible for selling 10 tickets to our end of the year performance. \$25.00 each, your deposit will be deducted from your final cost. **All ticket money must be paid for by June 15<sup>th</sup> 2016, In time for our August Dream Chasers Talent Expo**

PROJECT MENTOR DEVELOPMENT COUNCIL\* 1641 St. Marks Avenue Suite 1F BROOKLYN NY 11233 866-857-8300 \* WWW.PROJECTMENTORNY.ORG