



**Teaching Staff** (left to right)  
 Amy Parker-Breanne Worcester  
 Ashley Rollinson-Alyssa Ishizu

**LIGHT OF THE WORLD BALLET**  
*Developing dancers who are excellent  
 from the inside out.*

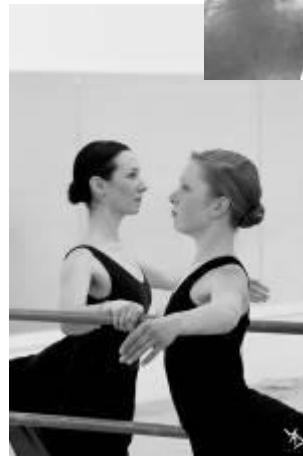
**The School Vision & Curriculum**

Light of the World Ballet's professional staff is dedicated to providing quality training in a Godly atmosphere. Through class, performance, and character development based on biblical principles, the student builds self-discipline, and confidence while maturing in their God-given talents. Students are challenged to give their best enabling themselves to become a skilled dancer who has strong character. Light of the World Ballet consists of a School, Trainee Program (for high-school graduates), and a Professional Christian Ballet Company who performs nationally & internationally (China, India, Sri Lanka, Philippines, Kazakhstan, Peru, Israel).

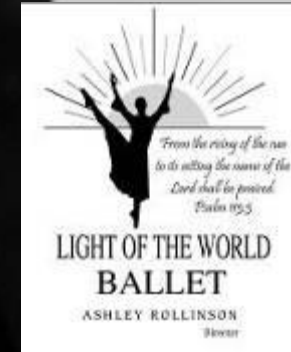
**Ashley Rollinson, Director**

Ms. Rollinson, from Syracuse, NY, danced professionally with Ballet Magnificat! for 7 years. As a company member she performed nationally and internationally in Europe, Singapore, and Costa Rica. Since moving back to her hometown in 2005, she began Light of the World Ballet Company & School which she presently directs. Ms. Rollinson continues traveling internationally and performing with Light of the World Ballet as well as teaching master classes for dance workshops throughout the nation.

<u>School Calendar</u>	
Sept 10	OPEN HOUSE 10-2pm
Sept 10	1 <sup>ST</sup> SEMESTER PAYMT DUE
September 12	Classes Begin
Nov 22-27	Thanksgiving Break
Dec 18-Jan 8	Christmas Break
Jan 30	2 <sup>ND</sup> SEMESTER PAYMT DUE
March 11-24	Spring Break
May 28	Memorial Day Observed
June 4- 8	Spring Performance Week



# SCHOOL BROCHURE 2011-2012



**Studio Location**  
 East wood Plaza  
 (Sacred Melody Bookstore)  
 3537 James Street,  
 Syracuse, NY 13206

[www.lightoftheworldballet.com](http://www.lightoftheworldballet.com)  
[info@lightoftheworldballet.com](mailto:info@lightoftheworldballet.com)  
 315-396-1886

**Mailing Address**  
 117 Farnham Rd  
 Syracuse, NY 13219

## Schedule

### Pre-Ballet 1

Wednesday 2:45-3:30

### Pre-Ballet 2

Thursday 4-5 **OR**  
Saturday 9:30-10:30

### Ballet 1

Thursday 5-6:15 **OR**  
Saturday 10:45-12

### Ballet 2

Monday-4-5:30 **OR**  
Saturday 12:15-1:45

### Ballet 3

Monday 4-5:40 Ballet, Bible  
Thursday 4-5:40 Ballet, Conditioning

### Ballet 4

Monday 5:40-8 Bible, Ballet, Pointe  
Tuesday 4-6:15 Ballet, Conditioning  
Friday 4-5:40 Ballet, Pointe (only 2nd yrs)

### Ballet 5

Monday 5:40-8 Bible, Ballet, Pointe  
Tuesday 4-6:15 Ballet, Conditioning  
Friday 4-6 Ballet, Pointe

### **\*Ballet 6**

Monday 5:40-8 Bible, Ballet, Pointe  
Tuesday 4-6:15 Ballet, Variations  
Friday 4-6 Ballet, Pointe  
Saturday 10-12:15 Conditioning, Ballet  
Rehearsal 12:15-1:15 TBA on some Saturdays

### Conditioning

Tuesday 5:30-6:15  
Saturday 10-10:45

### Home School Ballet

Wednesday 1:30-2:45

### Missed Classes

Students who miss classes can take a class from another level to make-up. **\*Ballet 6** may take Company Class for make-ups or for one additional weekly class.

## Class Attire & Other Policies

### Pre Ballet, Ballet 1:

Short Sleeve Pink Leotard, \*Pink skirt.  
Pink Tights & Slippers

\*SKIRTS must be sheer and mid-thigh and SHOULD BE SEPARATE FROM LEOTARD.

### Ballet 2, 3, Home School Ballet:

Short Sleeve Black Leo & fitted shorts,  
Pink Tights & Slippers.

**Ballet 4, 5:** Black Leo & fitted shorts,  
Pink Tights & Slippers

**Ballet 6:** Any color Leo, pink or black tights & shorts, Pink slippers

**Conditioning:** Adults may wear comfy pants, t-shirt

☼**NO** "Isotoner" type slippers allowed. These shoes can hinder foot development.

☼Any camisole or low cut leotard must be worn with tights top underneath.

☼Hair up in a tight bun or in a ponytail if too short for a bun.

**Dance supplies can be purchased at the Turning Pointe- #315-471-8440 (747 N. Salina St) Call ahead for pointe shoe fitting appointment.**

### Weather

Classes cancelled due to weather will be posted on School voicemail &/OR on Facebook no later than 1 hour before the first class of day begins. 315-396-1886.

## Tuition

*The following are Ten (10) Monthly Payments (Sept- June) all DUE the FIRST CLASS of each month.*

Those preferring to pay by semester multiply the monthly payment by five (5). There are 2 semesters.

Pre-Ballet 1 & Conditioning **\$35**

Pre-Ballet 2 **\$37**

Ballet 1 & Home School **\$39**

Ballet 2 **\$42**

Ballet 3 **\$73**

Ballet 4 **\$98**

Ballet 5 **\$100**

Ballet 6 **\$108**

**Single Class Fee Non-Registered \$15**

**Single Class Fee Registered \$12**

**Class cards available upon request**

There is a \$25.00 charge on all checks returned from the bank. Refunds are given only for medical reasons with a doctor's certificate.

**Discounts** There is a 5% discount for families enrolling more than one student and a 10% discount for families enrolling more than two students. Registration fee is \$15 per family.

**Costume Rental Fee** for the annual Spring Performance is **\$25 per student** (\$15 for each additional family member thereafter). This fee is due no later than 2 weeks before the Spring Perf. in June.

## REGISTRATION

**DUE Sep 10**

Parent's Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

City: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

**Student Name    Age & DOB    Level**

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

**1<sup>st</sup> Tuition payment** \_\_\_\_\_

**Registration Fee: \$15 per family**

**TOTAL + Registration Fee =**

**\$ \_\_\_\_\_ Check # \_\_\_\_\_**

**EXACT CASH PAYMENTS ONLY  
CHECKS PREFERRED**

*Checks made payable to:*

**LIGHT OF THE WORLD BALLET  
117 Farnham Road, Syracuse,  
NY 13219**

***For New Students Only:***

***1. How did you hear about us?***

***2. Please explain previous dance training.***

## Medical Information

In case of an Emergency please contact:

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

Phone: \_\_\_\_\_

By signing below, the undersigned, being (1) a participant of LIGHT OF THE WORLD BALLET and (2) the parent or guardian of the person participating in LIGHT OF THE WORLD BALLET, hereby represent, consent and agree to the following:

1) Those participating in LIGHT OF THE WORLD BALLET functions from Sept 2011 -June 2012 are participating of their own free will. 2) We are aware of and voluntarily assume all of the risks of the activities during the aforementioned time and functions of LIGHT OF THE WORLD BALLET including the risks of any illness and/or injuries which might result there from. 3) We are covered by medical insurance with an insurance company which covers the costs of medical treatment which may be incurred for any illness and/or injuries which might result from the individual's participation in the functions of LIGHT OF THE WORLD BALLET. 4) We, the undersigned, hereby agree to hold LIGHT OF THE WORLD BALLET harmless from any illness and/or injuries, claims for illness and/or injuries, or legal action for claims for illness and/or injuries arising out of the aforementioned functions. 5) In this regard, we the undersigned hereby agree to present any medical bills arising out of the cost for treatment for any illness and/or injuries which occurred during the aforementioned functions to our insurance company for payment.

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy #:

\_\_\_\_\_  
Signature of Parent/Guardian or Participant

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

## Photo/Videography Release

Dear Student and Parent:

We often update our website and promotional materials and may use some pictures and video footage of students. Pictures and video footage may be used in future brochures and other publications representing classroom and general workshop settings. Photos and videography would never be intentionally used in such a way to reflect negatively on their subjects. Please read and sign the release below.

### **RELEASE**

I, \_\_\_\_\_  
(**Print student name**), grant to LIGHT OF THE WORLD BALLET and MINISTRIES, Inc., its employees, agents, and assignees, the right and permission to make, reuse, and/or publish photographic pictures or video tapings of me, which may be used in connection with my own or a fictitious name, for any purpose whatsoever including the use of any printed matter. I waive any right to inspect or approve either the finished photograph or video or the printed matter or video with which it maybe used in conjunction.

**Student's Signature**

\_\_\_\_\_

**Date** \_\_\_\_\_

I certify that, as parent and/or guardian of the above-named student, any photographs or video which have been or are about to be taken by LIGHT OF THE WORLD BALLET and MINISTRIES, Inc. may be used for the purposes stated above.

**Parent or Guardian's Signature**

\_\_\_\_\_

**Date** \_\_\_\_\_