

THE LOUDOUN SCHOOL OF BALLET

2011-2012 REGISTRATION FORM

Please Print

Student's First Name: _____ Student's Last Name: _____

Age: ____ Date of Birth: _____ 2011 Grade: ____ Home Phone: _____

Address: _____ Mobile Phone: _____

City: _____ State: ____ Zip: _____ Parent's Name: _____

Please check box if contact information has changed since previous registration.

E-Mail Address: _____

Please provide an e-mail address that will be used for Loudoun School of Ballet notices and communications only. The Loudoun School of Ballet will not share student information with any individuals, agencies, or organizations.

Please List

	CLASS NAME	DAY and TIME	HOURS per week
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
	TOTAL hours per week		_____

A tuition chart is available to help you calculate your **TOTAL TUITION: \$** _____

FINANCIAL RESPONSIBILITIES Please read carefully and initial at the bottom.

- I understand that a \$50 non-refundable deposit is required at the time of registration.
 - I understand that a \$25 non-refundable fee is required for all students registering after June 1, 2011.
 - I understand that I am registering for the entire school year (10 months: 8/30/11 – 6/11/12).
 - I understand that 30 days written and advance notice is required to terminate enrollment.
 - I understand that I am responsible for tuition for a dropped class 30 days after a written notice has been submitted.
 - I understand that prepaid tuition, deposits, registration, recital, and costume fees are non-refundable.
 - I understand that classes missed for holidays or for any other reason are not prorated.
 - I understand that classes missed may be made up in any other appropriate level class within the same semester.
 - I will pay tuition in: **One Payment** (due at registration).
 - I will pay tuition in: **Semester Payments** (due on September 1, 2011, December 1, 2011, and March 1, 2012).
 - I will pay tuition in: **Ten Monthly Payments** (due on the 1st of each month).
 - I understand that a \$20.00 late fee will be added to all monthly and semester payments received after the 10th.
 - I understand that prepaid tuition may not be transferred to another account, month, semester, or year.
- Reverse side: Emergency information, signature, and a non-refundable deposit are required to register.*

I have read and understand the financial responsibilities listed above. _____
Initials Date

THE LOUDOUN SCHOOL OF BALLET

RESPONSIBILITY and RELEASE

1. I agree to accept the rules of conduct and behavior as stated by THE LOUDOUN SCHOOL OF BALLET in its handbook.
2. I understand and accept that THE LOUDOUN SCHOOL OF BALLET has the right to dismiss any student for what it considers improper conduct or behavior of students, parents, or guests.
3. I understand and accept that THE LOUDOUN SCHOOL OF BALLET is not responsible for articles lost or stolen on the premises of the school or at rehearsal and performance sites.
4. I understand and accept that any photographs and videos taken during class, rehearsals, and performances may be used by THE LOUDOUN SCHOOL OF BALLET for publicity and display purposes.
5. I understand and accept that dance instruction may include or require an instructor to physically touch a dance student during class for purposes of alignment or correction of dance technique.
6. I understand and accept financial responsibility for my child(ren) for any damages or vandalism incurred to THE LOUDOUN SCHOOL OF BALLET as a result of my child(ren)'s behavior.
7. I understand and accept that THE LOUDOUN SCHOOL OF BALLET, its staff, instructors, their landlords or lessors are not responsible for injury to myself or my child, whether based on allegations or not, in any way, by any reason of my participation or the participation of my child(ren) in the school's classes, rehearsals, performances, and related programs and events.
8. I understand and accept that THE LOUDOUN SCHOOL OF BALLET is not responsible for the immediate medical needs of its students. In consideration thereof, I agree that an updated emergency telephone number will be listed on file at the school where parents or contact person may be reached during classes, rehearsals, performances, and related programs and events.

EMERGENCY PHONE NUMBERS

Emergency Contact _____ Emergency # _____
 Mother's Name _____ Mother's Work # _____
 Father's Name _____ Father's Work # _____
 Allergies/Medical conditions _____

I have read, understand, and accept the foregoing releases, tuition amount, financial responsibilities, policies, and conditions of enrollment, as stated here and in THE LOUDOUN SCHOOL OF BALLET 2011-2012 student handbook.

Signature of parent and/or guardian required if student is under the age of 18. _____ *Date*

+++++ OFFICE USE ONLY +++++

Registration: In person Mail-in Date Received _____ Date Confirmed _____
 Annual Registration Fee: \$ 25 Pd _____ Bank # _____ Check # _____
 Registration Deposit: \$ 50 Pd _____ Bank # _____ Check # _____
 or
 First Tuition Payment: \$ _____ Pd _____ Bank # _____ Check # _____

The following fees may be paid, but are **not** required, at the time of registration.
 Recital permission slips and all related fees are due before December 1.

BALLET RECITAL CONTEMPORARY RECITAL

Individual Costume Fee: \$ _____ Pd _____ Bank # _____ Check # _____
 Family Recital Fee (tickets): \$ _____ Pd _____ Bank # _____ Check # _____
 Recital Payment Plan: \$ _____ (total due December 17)/4 months: \$ _____
 monthly