

2010-2011 Registration Form

Registration

Registration forms must be accompanied by a tuition deposit and annual registration fee. Class size is limited. The Louisville Ballet School reserves the right to close classes when filled or to cancel classes due to lack of enrollment. Please submit a complete registration form for each student.

Student's Name	<input type="checkbox"/> Male or <input type="checkbox"/> Female	
Date of Birth	Age	
Academic School		
Class Name	Section Letter	Day/Time
Class Name	Section Letter	Day/Time
Class Name	Section Letter	Day/Time
Elective Class Name	Level	Day/Time
Elective Class Name	Level	Day/Time
<input type="checkbox"/> Spring Showcase (Ballet)	\$100 fee due in Fall	
<input type="checkbox"/> Spring Collection (Elective Classes)	\$75 fee due in Fall*	
(*Included when also registered for Spring Showcase (Ballet))		

Tuition

Basic Tuition	\$
Elective Tuition (less 50% discount)	\$
Spring Showcase / Spring Collection Fee	\$
Annual Registration Fee* (\$40 Individual/\$50 Family) (*Includes PALS Membership)	\$
Scholarship Fund Donation	\$
Grand Total	\$

Payment in full (Any payment method) \$

OR

Installment Plan (Credit or Debit card payment only)

<input type="checkbox"/> 2 Installments per Semester \$10 (First week of Aug., Oct., Jan., Mar.)	\$
<input type="checkbox"/> 4 Installments per Semester \$20 (First week of each month Aug. – Nov. & Jan. – April)	\$
Grand Total plus applicable Installment Fee	\$

Installment payments will be divided into equal payments and automatically charged to the credit card on file. I understand that a \$5 processing fee will be assessed for each installment.

Signature _____ Date Signed _____

Payment Method

Cash Check # _____ (Payable to Louisville Ballet School)
 MasterCard Visa American Express Discover
(Credit card information must be provided for Installment Plan.)

Card Number _____

Expiration Date _____ 3 or 4 # Security Code _____

Signature for charge _____ Date Signed _____

Contact Information

Primary Contact

Mother/Father/Guardian/Self (Please circle one)

Home Phone _____ Work Phone _____ Cell Phone _____

Email(s) (Strongly recommended: used frequently for important school communications) _____

Business Affiliation / Profession _____

Mailing Address _____

City _____ State _____ Zip _____

Secondary Contact

Mother/Father/Guardian/Self (Please circle one)

Home Phone _____ Work Phone _____ Cell Phone _____

Email(s) (Strongly recommended: used frequently for important school communications) _____

Business Affiliation / Profession _____

Emergency Contact

Name (Other than Guardian) _____ Relation to Student _____

Phone Number _____

Policy Agreement

It is understood that the student is enrolled for the entire semester; no deductions or refunds will be made for absence or withdrawal, voluntary or involuntary, unless for medical reasons with documentation from your doctor. Students enrolled in the Fall semester will automatically be re-enrolled and billed for the Spring semester unless the School Administrator has been notified prior to the beginning of the Spring Semester that a student does not intend to return. Any modifications to a student's schedule once the semester has begun may incur processing fees.

The School reserves the right to determine the class level for every student, regardless of prior training. Parents or guardians may request a re-evaluation in writing by submitting a written request form at the front desk of the St. Matthews studio and submitting the \$10 re-evaluation fee during the first five weeks of the semester.

Students with delinquent accounts are generally not permitted to participate in class until the account is brought current. Fees may be assessed for delinquent accounts, declined credit card payments and returned checks.

Media Release I give my permission for photographs or video footage which includes my child or myself to be used for promotional purposes on television, newspapers, magazines or any other media.

Medical Release I am aware that ballet dancing and the gymnastic exercise associated with it place unusual stress on the body and carry with them the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that the Kentucky Dance Council Inc., d/b/a Louisville Ballet School, and its Board of Directors, faculty, chaperones and agents shall not be liable in any way for any injuries sustained or loss of property during attendance at the Kentucky Dance Council Inc., the Louisville Ballet School activity or any of its related functions. Permission is granted for emergency medical treatment for my child / me.

Medical Insurance Policy & Group Number _____

Please list all relevant medical conditions _____

I acknowledge that I have read, understand, and agree to comply with all above releases and the policies and procedures of the Louisville Ballet School.

Parent/Guardian/Adult Student Signature _____ Date Signed _____