

2011-2012 Registration Form

- 1) Call or email to schedule a consultation.
- 2) Fill out this part before the consultation at the school. Use the reverse side to note any special requirements or medical conditions that the school should know. Please use a separate form for each student.

Student's First Name:		Last Name:	
Student's Birth Date:		Email:	
School:		Grade:	
Student's Cell Phone #			
Parent/Guardian #1			
Home Phone:		Work:	
Emergency Phone:		Email:	
Parent/Guardian #2			
Home Phone:		Work:	
Emergency Phone:		Email:	
Person to be Billed:			
Billing Address:			

- 3) This part is filled out at the time of consultation with the school directors
- DO NOT FILL OUT BEFOREHAND!

Class/Level		Date/Time		Points* ¹
1-				
2-				
3-				
4-				
5-				
6-				

Semester Rate* ¹		Point	Rate	Point	Rate	Total Points* ²
Pre-Ballet	\$200	1-7	\$12.75	24-31	\$11.50	Rate from Table
Ballet I & Ballet II & Modern I	\$215	8-15	\$12.25	32-35	\$11.25	Tuition: Points x Rate
Adult Ballet	\$230	16-23	\$11.75	36+	\$11.00	Discount* ²
						Registration Fee* ³
						Total Due

*1) For 1 Class per week, use the Semester Rates - payable at the start of each Semester.
 *2) For 2 or more classes per week, add up the points from each class, find the rate from the table and multiply them together - this is your tuition due every month. Family rate: child with largest tuition pays full rate, all other siblings receive a 10% discount.
 *3) Registration Fee is \$20 for Individual, \$30 for Family.
 *4) Classes are dependent upon sufficient registration and are filled on a first-come first-served*³. There is a minimum of 6 and a maximum of 12 students per class.

Lebanon Ballet School, Inc.

Post Office Box 66
Lebanon, NH. 03766

Registration Form

603-448-5404
Linda@LebanonBalletSchool.com

www.LebanonBalletSchool.com

Registration Fee and First Tuition Payment Form

THE REGISTRATION FEE AND FIRST TUITION PAYMENT MUST ACCOMPANY THESE FORMS.

Payment of \$ _____ paid by (check one) Check VISA MasterCard

Student Name: _____

Credit Card Number: _____ Exp Date: ____/____

Name on Card: _____

Billing Address: _____

_____ Phone Number: _____

For Payment by Credit Card only!

Do Not Write Below Here - For Office Use Only

Date		Check #		Payment	
Date Entered				Auth Number	

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Automatic Credit Card Payment Form

FILL OUT THIS FORM TO HAVE EACH MONTH'S TUITION AUTOMATICALLY CHARGED

Charge my card in the amount of \$ _____ Each Month, until the end of the 2011-2012 school year, or until I cancel this agreement in writing.

Student Name: _____

Credit Card Number: _____ Exp Date: ____/____

Name on Card: _____

Billing Address: _____

_____ Phone Number: _____

Signature of Card Holder

Date

Release of Liability and Other Conditions • Read Before Signing

Parent/Guardian Name: _____

Address: _____

Student Name: _____

Liability Release

I hereby give my consent for my child/self to participate in classes and activities at Lebanon Ballet School (LBS). I am fully aware and appreciate the risk and damages that might occur as a result of participating in LBS classes and activities. I have been assured that all pre- cautions will be taken to ensure my/my child's safety.

I hereby waiver and release any and all rights or claims for any damages my child/self may have against LBS, its staff, employees, teachers and agents for any and all injuries sustained or suffered by my child/self at any LBS class or activity. I do hereby verify that I fully understand and accept the preceding conditions for permitting my child/self to participate in any LBS class or activity.

Medical Release

I understand that it is my responsibility to provide all medical insurance coverage. That I must inform LBS of any medical condition that is present or may occur and may affect my child/self training while enrolled at LBS. In the event I cannot be reached, I hereby give my permission to the staff of LBS to authorize any emergency medical care that may be required by the above student during my child/self participation in classes, performances, or any related LBS event. This authorization extends through the current year or until my child/self is no longer enrolled at LBS, whichever comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

Publicity Release

I hereby authorize LBS to record my child/self pictures, photographs, films and DVDs, to edit these recordings at its discretion and to incorporate these recordings for LBS to use for publicity including advertising and sales promotion. I acknowledge that no promises of compensation have been made by LBS for such use.

Payment Conditions

I have read the registration information and understand the School's policies as outlined. My signature below indicates that I am responsible for the entire month's/semester's tuition regardless of attendance and that I understand and accept the following conditions:

- I will pay a late fee of \$20 PER month on all overdue balances.
- I will pay a handling fee of \$20 for all returned or declined payments, including auto-pay by credit card.
- I am solely responsible for all payments.
- Invoices will NOT be sent out for monthly payments, only semester invoices will be mailed out. It is my responsibility to be sure payments arrive on or before the 23rd of the month to avoid a late fee.
- Adjustments may be made only upon receipt of written notification to and at the discretion of the director.

I have read, understand and agree to the Liability Release, Medical Release, Publicity Release and Payment Conditions.

Signature of Parent/Guardian/Adult Participant

Date