

THE SCHOOL OF GREENSBORO BALLET

200 N. Davie Street, Box 12, Greensboro, NC 27401 ~ Phone (336)333-7480 ~ Fax (336)333-7482

REGISTRATION FORM AND CONTRACT AGREEMENT

Please read the contract on the reverse side of the registration form **carefully**, complete the form below and **sign** the back including the spaces for your initials. Please PRINT legibly.

Please enroll my child for the 2019-2020 term, to include vacations and snow days. I agree to pay the contract tuition according to the payment schedule as indicated:

STUDENT'S NAME _____

Address _____ City _____ Zip _____

Age _____ Birth date _____ Academic School _____

Main phone # _____ Primary Email _____

HOW DID YOU HEAR ABOUT OUR PROGRAM?

___ Returning Student ___ Summer Student ___ Friend ___ Internet Search ___ On-line Ad

___ Facebook/Twitter ___ Print Ad Other _____

Please list any medical conditions or learning disabilities that your child's teacher should be aware of:

DESIRED CLASSES: Children's Dance _____ Ballet _____

Pointe _____ Modern _____ CT Program _____

Classes per Week _____ **Registration fee: \$** _____

Preferred Payment Schedule:

___ Year at \$ _____ ___ Semesters at \$ _____ ___ Monthly at \$ _____

Please fill out any information that is different than Student:

MOTHER'S NAME _____ Home phone _____

Address _____ City _____ Zip _____

Employer _____ Work phone _____

E-mail _____ Cell phone _____

FATHER'S NAME _____ Home phone _____

Address _____ City _____ Zip _____

Employer _____ Work phone _____

E-mail _____ Cell phone _____

Please send all billing and informational mailings to: ___ Mother ___ Father ___ Both
Other: _____

STUDENT ENROLLMENT CONTRACT

I UNDERSTAND AND AGREE TO THE FOLLOWING: *(Please put your initial by each number after reading and sign below.)*

- _____ **1. ENROLLMENT IS UNDERSTOOD TO BE FOR THE ENTIRE SCHOOL YEAR AUGUST 26, 2019 THROUGH MAY 23, 2020** with the goal of completing the syllabus for each level over the 9 month period.
- _____ **2. TUITION PAID TO THE SCHOOL IS NON-REFUNDABLE.** Tuition credits will be considered only in the cases of prolonged absence due to serious injury or illness substantiated by medical documentation.
- _____ **3. TUITION MUST BE PAID IN ADVANCE AND MUST BE KEPT CURRENT.** Tuition is paid on a semester or monthly basis, or it can be paid in its entirety by August 26, 2019. Payment for each semester/month must be paid by the **first** day of the semester (SEE DATES BELOW) or month. The School of Greensboro Ballet will email you a bill before each semester/month begins. We will also remind you of tuition due dates in our monthly newsletters, emails and on the bulletin board in our hallway. If tuition is over 5 working days late, a \$25 late fee will be added to the tuition owed, and the student will not be allowed to take class until the tuition issue is settled. There is a \$30 fee for all returned checks. If other payment arrangements need to be made, please communicate with the office.
- _____ **4. NO REFUNDS WILL BE MADE FOR MISSED CLASSES.** The School will make every effort to allow a student to make up missed classes but cannot guarantee this privilege. Missed classes may be made up only within the terms of this contract and only by actively enrolled students. Please call the office to make arrangements for any make-up classes.
- _____ **5. FOR WITHDRAWAL PURPOSES:**
- a) The School term is divided into two (2) semesters: August 26 – January 18 January 21– May 23
 - b) To withdraw from class(es) for an upcoming semester, written notice must be received by the Registrar of the School **10 WORKING DAYS BEFORE THE FIRST DAY of the semester for which the student wishes to withdraw.** If this written notice is not received on time, you will be responsible for that trimester tuition and will be billed accordingly.
- _____ **6.** Registration Fee is \$40 for students and \$15 for each additional student, within the same family. **Registration Fee is due with Registration form and is non-refundable.**
- _____ **7. IF A CLASS DOES NOT MEET MINIMUM ENROLLMENT REQUIREMENT, THIS CONTRACT IS CONSIDERED NULL AND VOID.** Every effort will be made by the School to find an alternate placement for the student named herein, but the School cannot guarantee such placement. In the event of under enrollment, all moneys paid for the class will be refunded.
- _____ **8. STUDENTS MUST ABIDE BY THE STUDIO RULES AS SET FORTH IN THE STUDENT HANDBOOK.** Failure to do so may result in dismissal for cause. Dismissal for cause may occur as a result of actions other than, and in addition to, those specifically stated in the Student Handbook.
- _____ **9. CLASSES ARE NON-TRANSFERABLE** and may be taken only by the previously named student.
- _____ **10. USE OF NAME OR LIKENESS:** Greensboro Ballet shall have the right to use the name, photograph, video tape, voice, or other likeness of the Dancer and to exhibit the same through any medium whatsoever during the term of this agreement or at any time in the future for advertising, promotional or commercial purposes. All such reproductions shall be exclusive property of Greensboro Ballet.
- _____ **11. RELEASE:** As additional consideration for the student's instruction, the undersigned hereby releases the Greensboro Ballet from liability for injuries to the person or property of the student which may occur while participating in the activities of the School or affiliated Company. The undersigned further agrees to indemnify the Greensboro Ballet in the event any claims are asserted against it arising from the student's participation in the activities of the School or affiliated Company.

I, the undersigned, consider this contract legal and binding.

Date

Signature of Parent or Guardian

Automatic Credit Card Payment Authorization

I hereby authorize Greensboro Ballet to charge my credit card on the dates specified below:

Card Type (Please circle one) Master Card Visa Discover American Express

Card Number _____

Expiration Date ____ / ____ (month/year)

Security Code _____

Card Holder's Name (Print exactly as the name appears on the card) _____

Billing Address of Credit Card _____

City _____ State ____ Zip Code _____

Card Holder Phone Number ____ - ____ - _____

Card Holder Email _____

Check One:

_____ One Annual Payment

_____ Two Semester Payments (1st payment 8/26/19 2nd payment: 1/21/20)

_____ Monthly Payments (You will be charged on the first day of the month: September-May)

If you would like us to auto draft the following fees, please check here:

_____ Nutcracker Costume Fee, if applicable (9/28/19) _____ Student Concert Fees (2/1/20)

_____ 2019/2020 Registration Fee (due upon registering)

I understand that Greensboro Ballet will charge my credit card account as indicated above. I understand that if I wish to discontinue monthly/semester charges for any reason, I must provide written notice to Greensboro Ballet at least 10 business days before the start of the following month/semester:

Card Holder Signature _____

Date _____

Child's Name _____