

# Manassas Ballet Academy

## 2020-2021 REGISTRATION

<b>OFFICE USE ONLY</b> Years at MBA: _____ Professional Division: Y / N Current Ballet Level: _____ Years en pointe: _____ Zoom or Studio: _____
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Student Name: _____	Age: _____	Registration Date: _____
Address: _____	DOB: _____	Tee Shirt Size (YS-AXL): _____
City, State, Zip: _____	Emergency Contact Name: _____	
Home Phone: _____	Emergency Contact Phone: _____	
Mother's Name: _____	Academic School Attends: _____	
Mother's Email: _____	Previous Training: Yes or No (circle one)	How Long: _____
Mother's Cell: _____	Previous Studio: _____	
Mother's Work: _____	Style of Dance: _____	
Father's Name: _____	How did you hear about us? _____	
Father's Email: _____	Student's Email: _____	
Father's Cell: _____	Student's Cell: _____	
Father's Work: _____		

\*\*\*Please Star Primary Contact and the best way to reach them\*\*\*

### CLASSES

Class	Level	Day(s) [M, T, W, R, F, S] & Time(s)
Pre-Dance	N/A	
Pre-Ballet	I II III IV	
Ballet	I II III IV V VI VII VIII IX X Adult	
Boys	I II III	
Variations	I II III	
Pointe & Variations	I II III	
Character	I II III	
Lyrical	I II III	
Modern	I II III	
Musical Theater	I II III	
Tap	I II III	
Progressive Ballet Technique (PBT)	I II	
Stretch & Strength	N/A	
Yoga	N/A	
*Manassas Youth Ballet	I II III	

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## 2020-2021 FALL REGISTRATION

**FEES:**

	Amount Due	Total Amount Due	Date Paid	Payment Method <small>(Cash, Receipt #, Check #, Credit Card)</small>
Registration Fee:	\$50			

**TUITION:**

Month	Amount	Balance Forward	Total Due	Amount Paid	Date Paid	Method <small>(Cash Receipt#, Check # or Credit Card)</small>
September						
October						
November						
December						
January						
February						
March						
April						
May						
June						

**ACH Direct Debit or Monthly Credit Card Charge: Debit:                      Credit:                      Bank Draft:                      Cash:**

Expiration Date:	Code:	Start Date: 10/1
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- Tuition is an annual amount. It may be paid in one annual payment, 2 bi-annual payments or 10 payments September – June. If paid in 10 payments the amount is divided equally, regardless of how many weeks are in that month. **Please Initial:** \_\_\_\_\_
- Tuition is automatically deducted from your account on the 1<sup>st</sup> of each month. A \$25 late fee will automatically be added to any payments made after the 1<sup>st</sup>. **Please Initial:** \_\_\_\_\_
- Any and all changes to enrollment MUST be provided in writing, to the front office, 30 days prior to the effective date. **Please Initial:** \_\_\_\_\_
- Tuition will NOT be adjusted for missed classes. Make up classes should be scheduled with the front office within one month of the missed class. **Please Initial:** \_\_\_\_\_
- Recital Fees will be deducted on February 15<sup>th</sup>. Recital Fees are based on your child’s ballet level. **Please initial:** \_\_\_\_\_
- All tuition, registration and recital fees are NON-REFUNDABLE. **Please Initial:** \_\_\_\_\_
- Consistent attendance and effort is the key to improvement. Students must attend class regularly or they may be placed in a lower level class. Absences need to be reported to the front office as soon as possible. **Please Initial:** \_\_\_\_\_
- As recital approaches all students must remain in the class(es) to which they are registered. Missing classes may result in the student being dropped from that recital dance. Fees will NOT be refunded. **Please Initial:** \_\_\_\_\_
- Students need to be picked up promptly after class. A late pickup fee of \$25.00 will be charged with the next month's tuition if parent pick up is later than 10 minutes after class. **Please Initial:** \_\_\_\_\_
- I consent to the use of my student's name, portrait, picture or photograph as part of MBA/MBT advertising, marketing, promotional and general distribution material. The images may be used on our website (www.manassasballet.org) as well as Facebook, promotional materials, publications such as, CD-ROMs, DVDs, displays, pamphlets and presentations. **Please initial:** \_\_\_\_\_
- I do NOT consent to the use of my student's name, portrait, picture or photograph by MET or MBA. **Please initial:** \_\_\_\_\_

I acknowledge that it is my responsibility to read and understand these rules and regulations and the tuition information. It is also my responsibility to read and explain the rules and regulations to my child/children. I understand and acknowledge that the Director and/or the instructors of the Manassas Ballet Academy may remove my child/children from class for not meeting and/or following these rules and regulations.

I agree to indemnify and hold harmless Manassas Ballet Academy, its ownership, servants, agents, employees and officers, against all claims and actions which might result from personal injuries or damages, known or unknown, sustained by the aforementioned participant due to such participation. In case of accident or serious illness I request you to notify the emergency contact listed on the registration form. If personnel are unable to make contact, I hereby authorize Manassas Ballet Academy personnel to contact a physician or hospital for medical services and treatment. It is understood and agreed that I will assume responsibility for payment of any rendered medical services and treatment.

Parent Printed Name:	Parent Signature:
Date:	Reviewed by: