|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | |  | |  | | | | |  | | | | | | | | | | | |

**CLASSES**

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

**\*by invitation only**

**\*\*required for 12:00pm Sat. ballet class**

**FEES:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Amount**  **Due** | **Total Amount**  **Due** | **Date Paid** | **Payment Method**  (Cash Receipt #, Check #, Credit Card) |
| **Registration Fee:** | $50 |  |  |  |

**TUITION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Month** | **Amount** | **Balance Forward** | **Total Due** | **Amount Paid** | **Date Paid** | **Method**  (Cash Receipt #, Check # or Credit Card) |
| **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 |

1. ***Tuition is an annual amount.* If paid in one annual payment, receive a 10% discount. If paid in 2 bi-annual payments, receive 5% discount or pay 10 equals payments September – June. Please Initial:\_\_\_\_\_\_\_\_\_**
2. ***Tuition is automatically deducted from your account on the 1st of each month.* Please initial:\_\_\_\_\_\_\_**
3. ***Any and all changes to enrollment MUST be provided in writing, to the front office, 30 days prior to the effective date.* Please Initial:\_\_\_\_\_\_\_**
4. ***Tuition will NOT be adjusted for missed classes.* Please Initial:\_\_\_\_\_\_\_**
5. **Missed Classes**: Missed classes must be made up within two weeks of the absence. Students may participate in any class at or below their level for the make-up. **Please Initial:\_\_\_\_\_\_\_**
6. **Recital Fees are due by February 14th. Recital Fees are based on your child’s ballet level. Please Initial:\_\_\_\_\_\_\_**
7. ***All tuition, registration and recital fees are NON-*REFUNDABLE. Please Initial:\_\_\_\_\_\_\_**
8. **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:\_\_\_\_\_\_\_**
9. **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:\_\_\_\_\_\_\_**
10. **Students need to be picked up promptly after class. A late pickup fee of $25.00 will be charged per time, with the next month’s tuition if parent pick up is later than 10 minutes after class. Please Initial:\_\_\_\_\_\_\_\_\_**
11. **I consent to the photography & videography of my student *for MBA/MBT advertising, marketing, promotional and general distribution material.*****Please Initial:\_\_\_\_\_\_\_**
12. **Please list any health conditions of your student*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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: |