

School of RICHMOND BALLET
Registration Form 2007-2008

Students Name: _____

Birth date: ____/____/____ Age: _____

Home Phone: () _____ -- _____

Parent 1: _____

Parent 2: _____

Cell: () _____ -- _____

Cell: () _____ -- _____

Address: _____

City, State, Zip: _____

Email address: _____

Class Name(s) and Course #(s): _____

Registration form and 1st payment must be received to be enrolled in any class.

Tuition amount: \$ _____ (full amount)

2nd Student discount: \$ _____ (- 25%)

Registration Fee: \$ _____ (new students)

Processing Fee: \$ 20.00

****Automatically applied if payment not made in full****

Total Fees Due \$ _____

Amount Enclosed: \$ _____

Remaining Balance: \$ _____

Check #: _____

Credit Card #: _____

Security Code #: _____

Visa Mastercard Amex Discover

Exp. Date: ____/____

Signature: _____

Date: ____/____

*Please check if you want quarterly payments
automatically charged to this credit card number.*

Please complete both sides of this form before returning.

To register, please mail/fax form with check or credit card information:

407 East Canal St. Richmond, VA 23219 Fax: (804) 344-0902

School of **RICHMOND BALLET**
Release of Claims and Authorization

School year 2007-2008

I am aware that ballet dancing and the physical movement associated with it places stress on the body and carries with it the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my behalf), I assume the risk and agree that the School of Richmond Ballet, its successors and its assignees, shall not be liable in any way for all personal injuries caused by, or arising from, the above described activities or any activities related thereto sustained during attendance at the School of Richmond Ballet.

I understand that, in order for all children enrolled in class to receive the best dance education experience possible, the School of Richmond Ballet reserves the right to re-assess placement of any child who is not ready to participate productively and safely.

Further, I grant the School of Richmond Ballet, its agents, and employees permission to authorize any emergency medical treatment that may be required for my child or ward during the 2007-2008 School Year.
My medical insurance carrier is:

Insurance Company

Policy Number Cover Dates

I, the undersigned, have read this release/authorization and understand all of its terms. I execute it voluntarily and with knowledge of its significance.

Signature (student) Date

Signature (parent/guardian) Date

Financial Information 2007-2008

Registration:

1. There is a non-refundable registration fee for each NEW student enrolling at the School of Richmond Ballet: \$40.00 for Lower Division, \$20.00 for Children's Division.
2. Registration must be completed prior to any student's entrance into class.

Tuition Payment:

1. **Upon registration all students and their parents/legal guardians make the commitment to pay the agreed upon full year's tuition whether they remain enrolled in the program or not. Tuition is non-refundable except in the case of a serious illness or injury documented by a doctor's explanation.**
2. The School of Richmond Ballet tuition is set at affordable, competitive rates. If registering for one semester (Children's Division only) tuition is to be paid in full for that semester at registration (see 'Semester Tuition' rates on SRB schedule). Students enrolled for the full year can pay their tuition in one lump sum at the time of registration or in four installments. Those who choose to pay in installments will receive bills for subsequent payments. There is a \$20.00 annual processing fee added to any accounts not paid in full at the time of registration. **Choosing to pay quarterly does not lessen the legal commitment to pay the tuition amount in full.**

Quarterly payments will be billed as follows:

- 1st Payment- Due at registration
- 2nd Payment- Due Nov. 1, 2007
- 3rd Payment- Due Feb. 1, 2008
- 4th Payment- Due April 1, 2008

Failure to make timely payment may result in a child's dismissal from class and preclude them from participating in any Richmond Ballet program, or production. Accounts not paid by the 15th of the month due will be charged a \$15.00 late fee. If financial difficulties arise please call Sarah Ferguson, Education Administrator at (804) 344-0906 ext. 239.

I have read the above financial information highlighting registration, tuition and payment information. I am aware of the stipulations that accompany the quarterly payment option, which Richmond Ballet provides as a courtesy and I agree to pay all money due on the dates as listed above. I further understand that if any account becomes 30 days overdue, the account may be turned over to a collection agency and that, except in the case of illness or injury, I am committed to pay the full year's tuition.

Signed: _____

Date: ____ / ____ / ____