

2018-2019 REGISTRATION FORM

200 East Saint John Street | Spartanburg SC 29306 | 864-583-0339
balletspartanburg.org

Please print and complete in full for each dancer:

Dancer's Name

Sibling(s) attending the Dance Center

Parent/Guardian Name(s)

Parent's Employer

Home Address

City

State

Zip

Email #1 (Required for CFDE communication)

Email #2

Phone #1: Home Work Cell

Phone #2: Home Work Cell

Dancer's Age

Dancer's Date of Birth

Academic School

Grade

Emergency Contact Name

Relationship to Dancer

Phone

CLASS	HOURS	DAY/TIME	INSTRUCTOR
		/	
		/	
		/	
		/	
		/	
		/	
		/	
		/	

Please read and check each box and sign below:

- A minimum enrollment of 3-6 full paying students is required for a class to be maintained.
- Faculty and schedule are subject to change.
- Any changes in classes must be processed through the office.
- There will be no tuition adjustments for missed classes. Missed classes can be made up.
- Inclement Weather. Please note that we follow the openings/closings of the Chapman Cultural Center.
- Payee is responsible for the payment of tuition until an official withdrawal is submitted in writing or via email.

Signature of Parent/Guardian

For office use:

Registration Fee **\$90 (Non-Refundable)** _____

Additional family member **\$35** per child
(Non-Refundable) _____

1st Month's Tuition - Amount Paid _____

Annual Tuition - Amount Paid _____

Semi-annual Tuition - Amount Paid _____

Family Recital Fee Due 02/15/19 **\$40** ** (per family) _____

**** For a maximum limit of 8 guests**

Total Payment:

Cash Check Credit Card _____

Staff Initials: _____ Date: _____

2018-2019 MEDICAL & PHOTO RELEASE FORM

200 East Saint John Street | Spartanburg SC 29306 | 864-583-0339
balletspartanburg.org

Dancer's Name: _____

Medical Release

Does dancer have any known allergies? No ___ Yes ___ If yes, please list _____

Is dancer currently taking medication: No ___ Yes ___ If yes, please list _____

Please describe any medical conditions that we should be aware of: _____

Is dancer physically fit to study dance? _____

I am the parent or legal guardian and I understand that dance and creative movement involve physical contact between dancers and participants, that serious accidents occasionally occur during such activities, and that participants in such activities occasionally sustain serious personal injuries (including death) and/or property damage as a consequence thereof. Knowing the risks of participation, I hereby agree that my minor child and I assume those risks and release and hold harmless Ballet Spartanburg and its agents, sponsors and employees who might otherwise be liable to me, my minor child (or our heirs or assigns) for damages. In the event of an accident or illness involving my minor child or myself, I hereby authorize Ballet Spartanburg to arrange for transportation of my minor child or myself, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or medical clinic; and sign releases as may be required in order to obtain any medical or surgical treatment as is immediately required in the judgment of medical authorities at the facility. I agree neither my minor child nor I will make a claim against, sue, attach the property of or prosecute Ballet Spartanburg, their agents, sponsors or employees for damages, death, personal injury or property damages which my minor child may sustain as a result of my child's participation in these activities.

I attest that I am eighteen years old or older and that my child is physically fit and has no known medical conditions which prohibit participation in these activities. My child and I agree to follow all laws, rules and guidelines regulating the conduct of Ballet Spartanburg dancers and participants.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability from me and my child and a contract between me, my child, and Ballet Spartanburg and its agents, sponsors and employees, and I have signed it of my own free will.

Signature: _____ Date: _____

Photo/Video Release

For valuable consideration herein acknowledged as received, I hereby grant to Ballet Spartanburg and its legal representatives ownership of all photographs taken of my child during rehearsals, performances and studio sessions of Ballet Spartanburg.

I also grant to Ballet Spartanburg and its legal representative's permission to use, reproduce, or publish the photographs for any purpose whatsoever, without further compensation.

I hereby warrant that I am the parent/guardian and have every right to contract in the above regard. I state that I have read the above authorization, release and agreement and fully understand the contents thereof.

This release shall be binding upon me, my respective heirs, legal representatives and assigns.

Signature: _____ Date: _____

2018-2019 TUITION PAYMENT PLAN & AUTOMATIC PAYMENT FORM

200 East Saint John Street | Spartanburg SC 29306 | 864-583-0339
balletspartanburg.org

Instructions – Please complete all steps.

1. Read the tuition policies and choose a payment program.
2. Complete the form below.
3. Return the original form to The Center for Dance Education.

Tuition Payment Options: (Please select ONE)

- Paid in full:** Tuition may be paid in full. (10% discount, tuition only, if paid in full by August 24, 2018)
- Semi-annual:** Two Installments per year. (5% discount, tuition only, if paid by due dates) 1st installment is due by August 24, 2018. The 2nd Installment is due by January 7, 2019.
- Monthly Auto-draft:** Tuition payments can be automatically deducted from a credit or debit card provided. Payments will be deducted during the 1st week of each month starting September 1, 2018.
(Please complete Auto-Draft Authorization Form on the back.)
- Monthly Payments:** 9 monthly installments beginning September 1, 2018. Payments are due on the first of each month and can be paid with check, cash, or credit card. The payment can be paid online via the emailed invoice, placed in the secure drop box located outside the office door, or in the office.
 - There will be a \$15 late fee for payments received after the 10th of each month and will be issued via emailed invoice.
 - There is a \$20 fee for a returned check.
 - Dancers will not be allowed to take class if accounts are past due. The Center for Dance Education relies on our tuition fees to operate the school efficiently, so that the students receive top quality dance education. We appreciate your timely payments, your business and cooperation.

Missed Classes

We do not give refunds for missed classes. Missed classes may be made up in another class of the same level or lower level. Tuition is based on the annual program and broken into payments for your convenience. It is not based on how many classes per month are taken. If a student is going to miss a class we request that you call or email our office.

Dropping a Class/CFDE Withdrawal

A written or email notice must be given to the Ballet Spartanburg office. The *Class Withdrawal* form is available in the office or on our website. The office must be informed of the dropped class/classes or Center for Dance Education withdrawal prior to the next tuition payment becoming due. Tuition will be paid until written notification is received of a student dropping a class. **Please be sure you notify the office, not your dancer's instructor. The office will inform the instructors.**

I have carefully read this payment agreement and fully understand its contents.

Student(s) Name(s) _____

Parent/Legal Guardian Printed _____

Person Responsible for Payment _____
(If other than parent/guardian)

Email for Financial Matters **(Required)** _____

Signature _____ Date _____



center
for
dance
education

2018-2019 AUTO-DRAFT AUTHORIZATION FORM

200 East Saint John Street | Spartanburg SC 29306 | 864-583-0339
balletspartanburg.org

Instructions: Complete and sign form		Circle one	Visa	MasterCard
Credit Card #		3 digit security code		
Exp. Date on Credit/Debit Card (mm/yr)				
Name as appears on card				
Company name on card (if applicable)				
Credit card billing address				
City	State	Zip		
Telephone Number			Fax Number	
This authority is for monthly charges according to the information provided below. Payments will be charged on the 1 st business day of each month (September 2018–May 2019)			Payment Amount	\$
<ul style="list-style-type: none"> I authorize Ballet Spartanburg to charge my credit card for payment of their products and/or services*. If Ballet Spartanburg is unable to process my payment, I will be responsible for an alternate payment arrangement and any resulting processing fees. Please notify us immediately with the updated information if your credit/debit card information changes. 				
By signing this authorization, I acknowledge that I have read and agree to all of the above information and all information given is true.				
Signature of Card Holder				
Printed Name of Card Holder				
Date				

***AUTHORIZATION IS FOR MONTHLY TUITION PAYMENTS ONLY. WE CANNOT PROCESS YOUR CARD INFORMATION FOR OTHER PAYMENTS TO BALLET SPARTANBURG.**

2018-2019 STUDENT DISMISSAL PROCEDURE

200 East Saint John Street | Spartanburg SC 29306 | 864-583-0339
balletspartanburg.org

At Ballet Spartanburg, we always strive to look out for the best interests of our students. To this end, we want to remind you that the Chapman Cultural Center is a public building, as are the parking lots. The children are with our instructors while dancing in the studios. Once class concludes, instructors are not able to monitor children who are not picked up on time. In an effort to maintain the safety of our students, please find below the policies and procedure for drop off and pick up of all Center for Dance for Education students.

- **Students under the age of 12 are to be walked in and picked up from the Ballet Spartanburg hallway/lobby and are not to wait outside.**
- **The lobby doors on the parking lot side will be locked to ensure safety for all students. Students/parents should use the plaza doorway.**
- **Students taking classes after 5PM are not to use the end of the hallway exit. All students are to use the plaza door exit.**
- **It is the responsibility of parents/caregivers to pick up students on time. Failure to pick up students on time or within 5 minutes after of dismissal interrupts a teacher's schedule. Teachers will keep track of the timeliness of pick up and failure to adhere to this policy will result in a meeting with the Executive Director and possible further action.**
- **Students ages 2-6 will have a parent/caregiver 18 years of age or older on the premise while a child is taking classes in case bathroom assistance is needed. Teachers will not leave the studio to take students to the bathroom.**

Please sign below to indicate your understanding of the above information. We appreciate you allowing us to share our passion for dance with your student and for your help as we all work to make the Chapman Cultural Center a safe, fun environment.

Student (1) _____ Age _____

Student (2) _____ Age _____

Student (3) _____ Age _____

Parent Signature _____ Date _____