

Welcome to Ballet Spartanburg's Center for Dance Education!

We are so excited to have you and your child as part of our Center for Dance Education family. The Center for Dance Education is only one part of Ballet Spartanburg's mission/vision. We are committed to the highest quality of productions and outreach as well. When your child reaches the age of 8 years old, he/she will have the incredible experience of dancing in live ballet productions on stage. We are the only organization who presents live ballet in Spartanburg. It is such a memorable experience for everyone. Memberships are a great way of supporting the production budgets. We would like you to join as a representative of Ballet Spartanburg as a member, not only a dance parent, but a member!

We would like to offer to our CFDE parents ONLY, a one-time discount of \$25 off the Registration fee if you will join in 2019/2020 as a member. (You must join at the time of registration to receive the discount.) The lowest level of membership is the Apprentice Level (\$125). At \$250 or more, you are a member of the **En Pointe Society in which you will attend a THANK YOU cocktail party in 2020.** Join as a Season Member by July 4th to receive 2 additional Flex Tickets for the Season!

A Contributing Membership (Season Membership) with Ballet Spartanburg entitles you to the following opportunities:

- **Receive savings on ticket prices**
- **Multiple tickets to performances**
- **Tax deductible contributions above the price of a season membership**
- **Name listed as a contributing member in season program**
- **Email notifications about upcoming events/special evenings/reduced ticket prices**
- **Assurance that your ticket awaits your reservation**
- **With a membership, you only need to call to reserve your ticket or reserve online**
- **EN POINTE SOCIETY | (\$250 or above) - Invitation to a cocktail party in 2020 as a Thank You.**

So please consider a 2019/2020 membership TODAY and have your tickets ready for all of our season productions you and your family will attend. Thank you in advance for joining!

2019-2020 REGISTRATION FORM

Please print and complete in full for each dancer:

Student'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

Student's Age Student's Date of Birth Academic School Grade

Emergency Contact Name Relationship to Dancer Phone

CLASS	CLASS LENGTH	CLASS DAY/TIME	INSTRUCTOR	FOR OFFICE USE
1.	HOUR(S)	/		
2.	HOUR(S)	/		
3.	HOUR(S)	/		
4.	HOUR(S)	/		
5.	HOUR(S)	/		
6.	HOUR(S)	/		
7.	HOUR(S)	/		
8.	HOUR(S)	/		
=TOTAL				

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 (*Class Withdrawal Form*) or via email. **Withdrawal will be effective the following month.****

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

Additional Registrations **\$35** per child _____

1st Month's Tuition Amount Paid _____

Annual Tuition Amount Paid _____

Semi-annual Tuition Amount Paid _____

Family Recital Fee Due 02/14/20 **\$45 **** (per family) _____

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

Total Payment Enclosed _____

Cash Check Credit Card

Staff Initials: _____

Signature of Parent/Guardian

2019-2020 MEDICAL/PHOTO RELEASE & STUDENT DISMISSAL PROCEDURES

Student'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 myself and my child and a contract between myself, 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 any and all photographic portraits, pictures, digital images, or videotapes 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 photographic portraits, pictures, digital images, or videotapes 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.

PLEASE CHECK ONE OF THE BOXES BELOW THEN SIGN:

- CONSENT:** I hereby certify that I am the parent or guardian of the above named child and do hereby give my consent without reservation to the foregoing on behalf of my Child.
- NON-CONSENT:** I hereby certify that I am the parent or guardian of the above named child and do not hereby give my consent without reservation to the foregoing on behalf of my Child.

Signature: _____ **Date:** _____

Student Dismissal Procedures

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 assigned studio 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.

Signature: _____ **Date:** _____

2019-2020 TUITION PAYMENT PLAN & AUTOMATIC PAYMENT FORM

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 23, 2019)
- Semi-annual:** Two Installments per year. (5% discount, tuition only, if paid by due dates) 1st installment is due by August 23, 2019. The 2nd Installment is due by January 6, 2020.
- Monthly Auto-draft:** Tuition payments can be automatically deducted monthly from a credit or debit card provided. **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.** Payments will be deducted during the 1st week of each month starting September 1, 2019. **(Please complete Auto-Draft Authorization Form on the back.)**
- Monthly Payments:** 9 monthly installments beginning September 1, 2019. **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.** Payments are due on the first of each month and can be paid with check, cash, or credit card. Payment can be made online via the emailed invoice, placed in the secure drop box located outside the office door, or in the office.
 - There will be a \$20 late fee for payments received after the 10th of each month.
 - 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.
 - Tuition does not include registration fees, production fees, or recital fee.

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/Adding a Class

A written or email notice must be given to the Ballet Spartanburg office.

The office must be informed of the drop or added class prior to the next tuition payment becoming due. Tuition will be paid until written notification is received of a student dropping a class and will be effective the following month. **Please be sure you notify the office, not your dancer’s instructor.** The office will inform the instructors.

Withdrawal from Ballet Spartanburg

Official withdrawal must be made in writing via the **Class Withdrawal Form** or email. Payee is responsible for tuition payments until an official withdrawal is made. **Withdrawal will be effective the following month.**

I have carefully read this payment agreement and fully understand its contents. (Please complete & sign below)

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

2019-2020 AUTO-DRAFT AUTHORIZATION FORM

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 1st business day of each month (September 2019–May 2020)			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.**