

2024-2025 REGISTRATION FORM

(Toddler –Grade 12)

Please print and complete in full for each STUDENT:

OFFICE USE ONLY:

RR: _____ **Baserow:** _____ **Paid:** _____

New Student: _____

Student's Name	Sibling(s) attending the Dance Center
Parent/Guardian Name(s)	Parent's Employer
Home Address	City _____ State _____ Zip _____
Email #1 (<u>Required for CFDE communication</u>)	Email #2
Phone #1: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone #2: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Student's Age Student's Birthdate (as of 9/1/24)	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)	/		

Please read and check each box and sign below: **TOTAL**

- A minimum enrollment of 5 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*) via email. Withdrawal will be effective the following month.

Signature of Parent/Guardian
X _____

***Registration Fee \$95 (Non-Refundable)** _____

***Additional Registration \$35/child** _____

First Month Tuition Due 9/1/24 _____

Annual Tuition Paid _____

Semi-Annual Tuition Paid _____

Family Recital Fee Due 2/15/24 \$50 per family _____

***Maximum limit of 8 guests**

Total Payment Enclosed _____

CASH _____ **CHECK** _____ **CREDIT CARD** _____

MEDICAL RELEASE 2024-25 Student's Name: _____

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 Entrance & Dismissal Procedures as of 5/2/23

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.

DROP OFF:

- Students will be walked to the Plaza Entrance Door/Montgomery Building for all classes.
- Parents of children ages 3-4 must remain in the building while the student is in class.

PICK UP:

- Parents will pick up all students at the **FRONT SIDE DOOR**.
- Teachers will walk all children to the side front doorway where parents will promptly meet their child.
- We will continue to follow DHEC and CDC guidelines for the safety of our students and will update accordingly.

CFDE GENERAL POLICIES & PROCEDURES:

- All students must be registered for classes 48 hours prior to attending.
- All the students are to come dressed in their uniform.

Signature: _____ **Date:** _____

2024-2025 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 16, 2024) **(Please complete Auto-Draft Authorization Form on the back to abide by our updated policy.)**
- Semi-annual:** Two Installments per year. (5% discount, tuition only, if paid by due dates) 1st installment is due by August 16, 2024. The 2nd Installment is due by January 6, 2025. **(Please complete Auto-Draft Authorization Form on the back to abide by our updated policy.)**
- Monthly Auto-draft:** Tuition payments can be automatically deducted monthly from a credit or debit card provided. **Tuition is calculated on an annual program rate and broken into payments for your convenience. It is not based on how many classes per month are attended; therefore, the monthly amount may not be prorated.** Payments will be deducted during the 1st week of each month starting September 1, 2024 **(Please complete Auto-Draft Authorization Form on the back.)**
- Monthly Payments:** 9 monthly installments beginning September 1, 2024 **Tuition is calculated on an annual program rate and broken into payments for your convenience. It is not based on how many classes per month are attended; therefore, the monthly amount may not be prorated.** 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. **(Please complete Auto-Draft Authorization Form on the back to abide by our updated policy.)**
 - There will be a \$20 late fee for payments received after the 10th of each month.
 - There is a \$30 fee for a returned check.
 - Tuition does not include registration fees, production fees, or recital fee.

Overdue Accounts

Dancers will not be allowed to take any classes if payment is two months overdue and parents have not contacted accountant or Executive Director about payment. After two invoices have been emailed and we have tried to contact, an email will be sent that students cannot return to class until payment is made. Payment options can be discussed with Executive Director if needed. 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

There will not be any tuition adjustments made 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.**

Withdrawal from Ballet Spartanburg

Official withdrawal must be made in writing via the **Class Withdrawal Form** or email. The 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 _____ EMAIL: _____



center
for
dance
education

2024-2025 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 1 st business day of each month (September 2024–May 2025)			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. • <u>Please notify us immediately with the updated information if your credit/debit card information changes.</u> 				
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.**