

Phone #: _____

E-mail: _____@_____

Alt. or cell phone: _____

Date of Birth (children only): ____/____/____

2011/2012 SAUGERTIES BALLET CENTER REGISTRATION FORM

Please register _____ in the following class(es):
(Please list day, time and name of classes)

_____, _____
_____, _____
_____, _____

I agree to pay tuition as indicated below:

(Please fill in amount)

\$ _____ []

10 MONTHLY INSTALLMENTS

First payment due upon registration. Each subsequent payment due the **first class** of each and every month, for the following TEN months, up to and including JUNE.

I understand that this is the amortization of an annual payment, and that the number of classes held in a month does not affect the amount of payment.

\$ _____ []

4 QUARTERLY INSTALLMENTS

First quarterly payment due upon registration.

Second payment due November 14

Third payment due January 23

Final payment due March 26

\$ _____ []

2 SEMESTER INSTALLMENTS

First payment due upon registration.

Second payment due January 23

\$ _____ []

1 YEARLY PAYMENT, due upon registration.

\$ _____ []

8 CLASS CARD

Valid for 12 weeks for students taking one class per week.

\$ _____ []

16 CLASS CARD

Valid for 12 weeks for students taking two or more classes per week.

Further, I agree to pay Registration Fee as follows:

(Please fill in amount)

\$ _____ []

1 yearly payment of **\$15.00 per student**, up to 2 family members, due upon registration.

\$ _____ []

1 yearly payment of **\$36.00 per family**, 3 family members or more, due upon registration.

Registration fees **are included** in workshop fees- the annual \$15 does not apply.

(Please fill in amount)

(Please list workshop you'll be taking)

\$ _____ []

_____ WORKSHOP

\$ _____ []

_____ WORKSHOP

\$ _____ []

_____ WORKSHOP

\$ _____ TOTAL AMOUNT ENCLOSED

PLEASE SIGN THE OTHER SIDE OF THIS FORM! THANK YOU.

I understand and agree to the following:

All payments are expected to be made in a timely fashion on the date(s) due. Past due balances (30 days) will receive a **\$10.00 late charge per 30 day period**. Upon past due balances of 60 days or more, class attendance will be terminated until payment is received in full.

Due to the expense of setting up payment plans any request for changing method of payment will require a **\$5.00 service charge**.

All returned checks will receive a **\$25.00 returned check charge**.

Tuition is non-refundable. If classes are missed due to illness, etc., they may be made up in an alternate lesson suggested by the instructor. The same policy holds true for classes cancelled due to snow. However, if more than two of the same classes are cancelled due to inclement weather, Saugerties Ballet Center will schedule make-up classes for each class cancelled after the **SECOND** one missed.

There will be a recital fee for all students wishing to participate in the June recital, due and payable in January of each year.

All of the above policies are clearly stated in the registration letter, and on the back of the school calendar, for future reference.

~~~~~

Is the student registering for classes currently under medical treatment or supervision?

YES\_\_\_\_ NO\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have any physical or psychological condition of which their instructor should be aware?

\_\_\_\_\_

In enrolling my child(ren)/self in classes at the Saugerties Ballet Center, I understand that there are inherent risks in participating in any movement activity. By executing my name below I acknowledge that I indemnify and hold harmless Saugerties Ballet Center, its owner and/or instructors from any liability/responsibility for any injury incurred while participating in any activity/classes held by the Saugerties Ballet Center.

I have read and am fully familiar with the contents of this form and agree to the terms thereof:

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student name