



School Year Program | Registration Form & Contract Agreement

Enrollment Date _____
Placement Level _____

Payment/Fee _____
Check # _____
Check Date _____

Contact Information – please print clearly

Student: New Student Returning Student

Last _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Primary Email _____

Age _____ Date of Birth _____ Gender: Female Male

Academic School _____ Current School Grade _____

Previous Training _____

Mother/Guardian:

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home (_____) _____ Cell (_____) _____ Work (_____) _____

Father/Guardian:

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home (_____) _____ Cell (_____) _____ Work (_____) _____

Person Responsible for tuition payment(s):

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home (_____) _____ Cell (_____) _____ Work (_____) _____

Emergency Contacts / Medical Information – please print clearly

Contact # 1 _____ Relationship _____ Phone (_____) _____

Contact # 2 _____ Relationship _____ Phone (_____) _____

Personal Physician _____ Office Phone (_____) _____

Medical Conditions & Medications:

Previous hospitalization and surgeries:

Tuition Policy

Level	Hours per week	Hours per month	Monthly Payment (Sept – May)	Semester Payment (Sept and Jan)	Full Year Tuition (includes 5% discount–due Sept)
Creative Movement	45 mins	3	\$ 55.00	\$ 247.50	\$ 470.25
Pre-Ballet	1	4	\$ 65.00	\$ 292.50	\$ 555.75
Ballet 1	2	8	\$ 90.00	\$ 405.00	\$ 769.50
Ballet 2	4	16	\$ 135.00	\$ 607.50	\$ 1154.25
Ballet 3	7.5	30	\$ 185.00	\$ 832.50	\$ 1581.75
Ballet 4	11	44	\$ 230.00	\$ 1035.00	\$ 1966.50
Ballet 5	16.5	66	\$ 330.00	\$ 1485.00	\$ 2821.50
Ballet 6	18.5	75	\$ 360.00	\$ 1620.00	\$ 3078.00
Teen / Adult	1.25	5	\$20 per class OR \$75 for a 5-class card		

- **All students – new and returning – must pay a registration fee of \$25 per student due with the first payment.**
- A special 5% full payment tuition discount is available if tuition for the entire year is paid in September.
- **Students are registering for the full school year and will be responsible for tuition for the full school year.** Only exception is students in Creative Movement and Pre-Ballet who have the option to enroll for the fall, spring, or both semesters.
- Full year payment is due by the student's first class of September. Semester payments are due by the student's first class of September and January. Monthly payments are due by the student's first class of each month.
- A grace period of 5 days will be honored. Payments received after the 5-day grace period will result in a \$25 late fee regardless of reason.
- Returned checks will be assessed a \$30 service charge.
- A 10% sibling discount is offered. The student in the highest level will pay full tuition and younger sibling(s) receive 10% discount on their tuition.
- Students with 2 consecutive months of outstanding tuition will not be allowed in class until their account is paid.
- All students will receive a student handbook and school calendar at the mandatory Student/Parent Orientation meeting.

Payment Information

Payment Plans – choose one option

- Full year payment – 1 payment due September with 5% discount
- Semester – 2 equal payments due September & January
- Monthly – 9 equal payments due September to May

Payment Options – choose one option

- Check or cash
- PayPal – change payment type to *SENDING TO A FRIEND* to avoid fees
- Credit Card – 5% convenience fee will be assessed (minimum \$1 fee)

Reminder: A \$25 registration fee per student will be added to your first payment

Credit Card Authorization:

- Visa Mastercard Discover

Credit card account number _____

Security code (Visa & Mastercard 3 digit code on the back) _____ Expiration date _____

Name on card _____ Phone (_____) _____

Billing address _____

I authorize Kansas School of Classical Ballet to automatically charge my credit card according to the payment plan selected above. I agree to the 5% convenience fee (minimum \$1 fee) that will be assessed for every credit card transaction. SCB will keep my credit card information on file. I will be responsible to update SCB on any credit card changes during the school year.

Signature _____ Date _____

Making a Gift to Kansas School of Classical Ballet

All gifts are important and help promote our mission to provide the finest training available to students interested in learning the art of ballet. Thank you for your investment in our young artists.

In addition to tuition, please consider making a donation in support of our talented students in the amount of:

- \$10 \$100 Check or cash enclosed
- \$25 \$250 Combine with my credit card/PayPal tuition payment
- \$50 Other \$ _____

** SCB is a not-for-profit 501(c)(3) organization and all gifts are 100% tax deductible. Donation receipt provided upon request.*

Liability Waiver

I agree to the terms of enrolling in Kansas School of Classical Ballet. I understand there is a risk of harm/injury inherent in dance. I represent that the student is in good health and proper physical condition. If I believe conditions are unsafe, I will immediately discontinue participation. I understand dance involves risks of harm which may be caused either by students' own actions or inactions, others participating in the class, or the conditions in which the dancing takes place. I further acknowledge there may be risks not known to me or readily foreseeable at this time, yet I fully accept and assume all such responsibility for losses, cost, and damages incurred as a result of participation in Kansas School of Classical Ballet and hereby covenant that I will hold Kansas School of Classical Ballet, including instructors and staff, blameless for any harm/injury that occurs through no intention or fault of their own. In case of medical emergency, I give permission to the staff of Kansas School of Classical Ballet to secure medical treatment. I agree to be responsible for any and all charges incurred in this situation.

Signature (Parent/Guardian if student is under 18 yrs old)

Date

Photo Release

Students may have the opportunity to be photographed this year.

By signing below, you grant Kansas School of Classical Ballet permission to photograph and post photos of the student listed above on the school's website, and in any publications associated with Kansas School of Classical Ballet with the understanding that no financial compensation shall be given for use of such photographs.

By not signing below, you deny Kansas School of Classical Ballet permission to photograph your student.

Signature (Parent/Guardian if student is under 18 yrs old)

Date

Contract Agreement

I have read, understand, and fully agree to abide by the tuition policies of the studio as stated in the SCB Registration Form, and I register my child based on these conditions and requirements.

Signature (Parent/Guardian if student is under 18 yrs old)

Date