

Ballet Magnificat! School of the Arts - Registration Agreement 2010-2011

Date _____ New Student Returning Student Sibling of Returning Student

Student's Full Name _____ Prefer to be called _____

Male Female

Mailing/Billing Address: _____

City/State/Zip: _____

Daytime Phone Number: _____ Email Address _____

Mother/Guardian _____ Place of Employment _____

Position _____

Mother/Guardian Home Phone Number: _____ Mother/Guardian Cell Phone Number: _____

Father _____ Place of Employment _____

Position _____

Father Work Number: _____ Father Cell Phone Number: _____

Student's Age as of September 1, 2010 _____ Date of Birth _____

School Presently Attending _____ Church Presently Attending _____

Dance Education _____

EMERGENCY INFORMATION – Name and number of friend or family member not listed above we can contact if needed:

Name: _____ Telephone _____

Name: _____ Telephone _____

CONFIDENTIAL. PLEASE ANSWER THE FOLLOWING (IF STUDENT UNDER AGE 18)

Student lives with Both Parents Mother Father Other _____

Is there anything special we need to know about the student? _____

Medical and Medication _____ Learning/Behavioral/Handicaps _____

How did you hear about the school? _____

I understand and agree to the following (initial each):

- _____ 1. This Registration Agreement constitutes a contract between myself and Ballet Magnificat! and I understand I am paying for the reserved studio space and by signing below, I do hereby agree that I am obligated to pay the tuition for the entire school year (September-May) regardless of my attendance.
- _____ 2. Tuition is based on the September-May school year, but may be paid monthly. There is no tuition charge for the month of December. Automatic credit card payments are available by completing an authorization form available in the School Office.
- _____ 3. Tuition payments are due on the first of each month, September-November and January-May, and are considered delinquent if not paid by the 10th of each month. A \$25 late fee will be charged for each month a payment is delinquent.
- _____ 4. Any student whose account is not paid by the 15th of the month will be suspended from classes until their account is paid in full. A \$10 reinstatement fee will be charged.
- _____ 5. Tuition payments and all remaining fees (costume fees, late fees, etc.) must be current in order for student to participate in any Ballet Magnificat! performance, year-end program, or to have the recital costume ordered.
- _____ 6. I understand tuition and fees will continue to accrue if my student or I withdraw(s) from classes, and I am liable for the school year tuition paid in a one-time payment or in monthly installments. Individual cases will be reviewed by the ministry leadership.
- _____ 7. I agree to pay Recital/Costume Fees for the year-end program by October 15, 2010.
- _____ 8. I agree to notify the school office, in writing, by October 29, 2010, if my student or I is/am NOT participating in the year-end program.
- _____ 9. I understand that Ballet Magnificat! reserves the right to cancel any class that does not have a sufficient number of students enrolled to support the class.
- _____ 10. I agree to read the School of the Arts handbook and agree that my student and/or I will adhere to all the rules and requirements stated therein, including hair and dress code.
- _____ 11. By signing below, I do hereby release Ballet Magnificat! and their agents or representatives of liability for my child (or myself) of any injury to my child (or myself) in class, while on the school campus, or while participating in Ballet Magnificat! sponsored performances. I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) listed on the student's registration form. In the event next of kin cannot be contacted, for the health and well being of my child (or myself), I hereby authorize the Administrator, Staff Person or Instructor of Ballet Magnificat! School of the Arts to authorize whatever medical treatment that might be necessary in an emergency situation. I understand that I and my medical insurance carrier are financially responsible for any medical treatment extended to my child(or myself), and that Ballet Magnificat! and its agents or representatives cannot be held accountable or liable for such medical treatment.

Date	Student (if 18 or over)
Date	Parent (If responsible for student's tuition)

Items #1-11 and Registration Packet Items were reviewed with applicant. _____ Date _____ Ballet Magnificat! Staff _____

Does student plan to audition for "A Christmas Dream"? (Pre-IIIB only) YES

- | | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Tiny Tots.....Day _____ Time _____ | <input type="checkbox"/> | Cherub.....Day _____ Time _____ |
| <input type="checkbox"/> | Creative Mvmt...Day _____ Time _____ | <input type="checkbox"/> | Intro to Ballet...Day _____ Time _____ |
| <input type="checkbox"/> | Pre Ballet.....Day _____ Time _____ | | |
| <input type="checkbox"/> | Ballet IADay _____ Time _____ | | |
| <input type="checkbox"/> | Ballet IB <input type="checkbox"/> Wed & Fri <input type="checkbox"/> Mon & Thur.....Time ____ (placed by faculty) | | |
| <input type="checkbox"/> | Ballet IC <input type="checkbox"/> Mon & Thur.....Time ____ | | |
| <input type="checkbox"/> | Ballet II <input type="checkbox"/> A <input type="checkbox"/> B.....Days _____ Time _____ | | |
| <input type="checkbox"/> | Ballet III <input type="checkbox"/> A <input type="checkbox"/> B.....Days _____ Time _____ | | |
| <input type="checkbox"/> | Ballet IV <input type="checkbox"/> A <input type="checkbox"/> B.....Days _____ Time _____ | | |
| <input type="checkbox"/> | Ballet V (4 days required).....Days _____ Time _____ | | |
| <input type="checkbox"/> | Jazz <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III.....Day _____ Time _____ | | |
| <input type="checkbox"/> | General BalletDay _____ Time _____ | | |
| <input type="checkbox"/> | Adult Ballet.....Day _____ Time _____ | | |
| <input type="checkbox"/> | Praise & Worshipin _____ Day _____ Time _____ | | |

