

## 2018-2019 Registration Form for Multiple Classes per Week

### Be Sure to Complete and Return ALL Three Pages!

- 1) Fill out the top part before the consultation at the school. Use the reverse side to note any special requirements or medical conditions that the school should know. Please use a separate form for each student.
- 2) Call or email to schedule a consultation - 603-448-5404 or Staff@LebanonBalletSchool.com.

<b>Student's First Name:</b>		<b>Last Name:</b>	
<b>Student's Birth Date:</b>		<b>Cell:</b>	
<b>School:</b>		<b>Grade:</b>	
<b>Email:</b>			
<b>Parent/Guardian #1</b>			
<b>Main Phone:</b>		<b>2<sup>nd</sup> Phone:</b>	
<b>Email:</b>			
<b>Parent/Guardian #2</b>			
<b>Main Phone:</b>		<b>2<sup>nd</sup> Phone:</b>	
<b>Email:</b>			
<b>Person to be Billed:</b>			
<b>Billing Address:</b>			

Class/Level	Date/Time	Points
1-		
2-		
3-		
4-		
5-		
6-		
7-		

Rate Table					(1) Total Points
POINTS ⇨	1-12	13-24	25-36	37+	(2) Rate from Table
Rate: Pay in Full for Sept thru May ⇨	\$157.50	\$150.75	\$139.50	\$132.75	(3) Class Fees (1) x (2)
Rate: Pay in Three Installments <sup>(1)</sup> ⇨	\$52.50	\$50.25	\$46.50	\$44.25	(4) Sibling Discount 10% <sup>(2)</sup>
					(5) Tuition = (3) - (4)
					(6) Registration Fee \$30.00
					(7) Performance Fee \$95.00
					(8) Installment Fee \$10 <sup>(1)</sup>
					<b>Total Due</b> (5)+(6)+(7)+(8)

**Notes:**

<sup>(1)</sup> An Installment Fee of \$10 is due with each Installment payment.

<sup>(2)</sup> Sibling Discount: ONLY applies to siblings with lower tuition

## Release of Liability and Other Conditions • Read Before Signing

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Student Name: \_\_\_\_\_

### Liability Release

I hereby give my consent for my child/self to participate in classes and activities at Lebanon Ballet School (LBS). I am fully aware and appreciate the risk and damages that might occur as a result of participating in LBS classes and activities. I have been assured that all pre- cautions will be taken to ensure my/my child's safety.

I hereby waiver and release any and all rights or claims for any damages my child/self may have against LBS, its staff, employees, teachers and agents for any and all injuries sustained or suffered by my child/self at any LBS class or activity. I do hereby verify that I fully understand and accept the preceding conditions for permitting my child/self to participate in any LBS class or activity.

### Medical Release

I understand that it is my responsibility to provide all medical insurance coverage. That I must inform LBS of any medical condition that is present or may occur and may affect my child/self training while enrolled at LBS. In the event I cannot be reached, I hereby give my permission to the staff of LBS to authorize any emergency medical care that may be required by the above student during my child/self participation in classes, performances, or any related LBS event. This authorization extends through the current year or until my child/self is no longer enrolled at LBS, whichever comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

### Publicity Release

I hereby authorize LBS to record my child/self pictures, photographs, films and DVDs, to edit these recordings at its discretion and to incorporate these recordings for LBS to use for publicity including advertising and sales promotion. I acknowledge that no promises of compensation have been made by LBS for such use.

### Payment Conditions

I have read the registration information and understand the School's policies as outlined. My signature below indicates that I am responsible for the entire three month period's tuition regardless of attendance and that I understand and accept the following conditions:

- I am solely responsible for all payments.
- An installment fee of \$10 will be added to each installment payment. All installment plans must be paid by Automatic Credit Card Payment (see next page).
- It is my responsibility to make sure that my payment arrives on time to avoid a late fee of \$20. \$20 will also be charged each month an overdue balances exist.
- I will pay a handling fee of \$15 for all returned or declined payments, including auto-pay by credit card.
- All tuition payments are final. No Refunds unless a medical reason prevents participation.
- Performance Fee is non-refundable after January 15, 2019.
- Adjustments may be made only upon receipt of written notification to and at the discretion of the director.

***I have read, understand and agree to the  
Liability Release, Medical Release, Publicity Release and Payment Conditions.***

\_\_\_\_\_  
Signature of Parent/Guardian/Adult Participant

\_\_\_\_\_  
Date

### Registration Fee and First Tuition Payment Form

**THE REGISTRATION FEE AND FIRST TUITION PAYMENT MUST ACCOMPANY THESE FORMS.**

Payment of \$ \_\_\_\_\_ paid by (check one) \_\_\_ Check \_\_\_ VISA \_\_\_ MasterCard

Student Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

**Signature of Card Holder**

**Date**

For Payment by Credit Card only!

Do Not Write Below Here - For Office Use Only

Date		Check #		Payment	
Date Entered				Auth Number	

### Automatic Credit Card Payment Form

**FILL OUT THIS FORM TO HAVE INSTALLMENT PAYMENTS AUTOMATICALLY CHARGED**

Charge my card in the amount of \$ \_\_\_\_\_ on November 26, 2018 and February 25, 2019, or until I cancel this agreement in writing. I understand, I will be responsible for paying a handling fee of \$15 for all declined credit card payments.

Student Name: \_\_\_\_\_

Last four digits of Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

**Signature of Card Holder**

**Date**