

2021-2022 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) Before completing the rest of the form, please request a consultation with a school director, by emailing us your phone number and best time to call. Staff@LebanonBalletSchool.com

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

| 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 |
| <input type="checkbox"/> Pay in Full for Sept thru June ⇨ | \$157.50 | \$151.00 | \$139.50 | \$133.00 | (3) Class Fees (1) x (2) |
| <input type="checkbox"/> Pay in Two Installments ⁽¹⁾ ⇨ | \$78.75 | \$75.50 | \$69.75 | \$66.50 | (4) Sibling Discount 10% ⁽²⁾ |
| | | | | | (5) Tuition = (3) - (4) |
| | | | | | (6) Registration Fee \$45.00 |
| | | | | | (7) Installment Fee \$15 ⁽¹⁾ |
| | | | | | Total Due (5)+(6)+(7) |

Notes:

⁽¹⁾ An Installment Fee of \$15 is due with each Installment payment.

⁽²⁾ Sibling Discount: ONLY applies to siblings with lower tuition

Classes are dependent upon sufficient registration. Placement is on a first-come first-served basis.

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 \$15 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 \$20 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.
- 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

Lebanon Ballet School, Inc.

Post Office Box 66
Lebanon, NH. 03766

Registration Form - Multiple Classes

603-448-5404
Staff@LebanonBalletSchool.com

www.LebanonBalletSchool.com

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: _____

For Payment by Credit Card only!

Signature of Card Holder

Date

Do Not Write Below Here - For Office Use Only

| | | | | | |
|--------------|--|---------|--|-------------|--|
| Date | | Check # | | Payment | |
| Date Entered | | | | Auth Number | |

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Automatic Credit Card Payment Form

FILL OUT THIS FORM IF YOU HAVE SELECTED INSTALLMENT PAYMENTS

Charge my card in the amount of \$_____ on January 10, 2022, or until I cancel this agreement in writing. I understand, I will be responsible for paying a handling fee of \$20 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