

2019-2020 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.

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
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 ⁽¹⁾ ⇨	\$52.50	\$50.25	\$46.50	\$44.25	(4) Sibling Discount 10% ⁽²⁾
					(5) Tuition = (3) - (4)
					(6) Registration Fee \$30.00
					(7) Performance Fee ⁽³⁾ \$45.00
					(8) Installment Fee \$15 ⁽¹⁾
					Total Due (5)+(6)+(7)+(8)

Notes:

- ⁽¹⁾ An Installment Fee of \$15 is due with each Installment payment.
- ⁽²⁾ Sibling Discount: ONLY applies to siblings with lower tuition
- ⁽³⁾ Performance Fee for Two In-Studio Showcases

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 \$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, 2020.
- 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, 2019 and March 10, 2020, 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