

2024-2025 Registration Forms for Ballet III - One Class 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:		Age (as of 9/3):	
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:			

INSTRUCTIONS

- (1) Check the desired Day of the week.
- (2) Check the desired payment schedule.
- (3) Fill in the Tuition
- (4) Sibling Discount: ONLY applies to siblings with lower tuition, if applicable, subtract Discount from Tuition.
- (5) Add in the Registration Fee and the Installment Fee (if paying in installments) for the Total Due.

Class	Tuition	Item	Cost
Ballet III: <input type="checkbox"/> Wed • <input type="checkbox"/> Fri		Tuition	
<input type="checkbox"/> Full Year (36 weeks)	\$945	Sibling Discount (10%)	
<input type="checkbox"/> Two Installments (1 st : \$565 • 2 nd : \$380)*	\$565*	Registration Fee	\$30.00
Add a \$15 Installment Fee to each payment		Installment Fee (\$15)	
		Total Due	

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 precautions 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.

Terms & Conditions

I have read the registration information and understand the School's policies as outlined. My signature below indicates that I understand and accept the following conditions:

- I am solely responsible for the entire LBS School year (36 weeks) tuition regardless of attendance.
- A fee of \$15 is added to each installment payment. First installment payment is 60% of Full Payment, 2nd is 40%. 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 for classes missed due to illness, injuries, vacation, or participation in other activities such as after school sports, 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

Registration Fee and First Tuition Payment Form

THE REGISTRATION FEE AND 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 IF YOU HAVE SELECTED INSTALLMENT PAYMENTS

Charge my card in the amount of \$ _____ on January 9, 2025, or unless 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