

School of Richmond Ballet
Registration Form 2011-2012

Contact Information:

Student's Name: _____ Birth Date: ____/____/____ Age: _____ M / F

Address: _____

City, State, Zip: _____

Home Phone: (____) _____

Parent/Guardian 1 Name: _____

Cell Phone: (____) _____

Email Address: _____

Work Phone: (____) _____

Parent/Guardian 2 Name: _____

Cell Phone: (____) _____

Email Address: _____

Work Phone: (____) _____

Sibling Name(s) if enrolled at the School of Richmond Ballet: _____

Registration Information:

Class Course #(s): _____

2nd Choice* Course #(s): _____

**Please note:* Registration is processed on a first come-first served basis, and classes fill quickly. We cannot guarantee class availability.

Payment Information:

Please read financial information on attached form before completing

Tuition Amount: \$ _____ (full amount) Check #: _____

2nd Student Discount*: \$ _____ (-25%)

**If applicable, applied to lesser tuition amount*

Credit Card #: _____

New Student Registration Fee: \$ 25.00

Security Code #: _____ (on back of card)

Processing Fee*: \$ 25.00

**If payment not made in full with registration*

Expiration Date: ____/____

Total Fees Due: \$ _____

Signature: _____

Amount Enclosed: \$ _____

____ Yes, please charge my credit card on the 1st of every month that a quarterly payment is due*

Remaining Balance: \$ _____

**You will not receive a quarterly invoice*

(To be paid in quarterly installments as listed in the Financial Information)

I have read the attached Financial Information highlighting registration, tuition, and payment information. I am aware of the stipulations that accompany the quarterly payment option, which Richmond Ballet provides as a courtesy, and I agree to pay all money due by the dates as listed on the Financial Information sheet. I further understand that, except in the case of illness or injury, or family relocation, I am obligated to pay the full year's tuition.

X Signature: _____

Date: ____/____/____

****Please complete the Registration Form AND Release of Claims Form on reverse side before returning****

Registration Form and 1st payment must be received to ensure enrollment in any class.

To register, please mail/fax/email form with check or credit card information:

407 East Canal Street Richmond, VA 23219 Fax: (804) 344-0902 bmartorell@richmondballet.com

To be completed by SRB only
Rcvd: _____
QB: _____
Invoiced: _____
Pmt: _____

Please complete reverse 

Release of Claims and Authorization

A new form must be completed and on file for each new school session.

Release/authorization made on this date, _____, 2011-2012 by (parent or guardian) _____
for (student) _____.

I am aware that ballet dancing (and the physical movement associated with it) places stress on the body and carries with it the risk of physical injury. On behalf of my child and I (and if I am no longer a minor, on my behalf), I assume the risk and agree that the School of Richmond Ballet shall not be liable in any way for injuries sustained during attendance at the School of Richmond Ballet, its successors and its assignees for all personal injuries caused by, or arising from, the above described activities or any activities related thereto.

I understand that, in the interest of providing the best dance education experience possible for all children enrolled, the School of Richmond Ballet reserves the right to re-assess placement of any child who is not ready to participate productively and safely.

Further, I grant the School of Richmond Ballet, its agents and employees permission to authorize any emergency medical treatment that may be required for my child or ward during the 2011-2012 school session. My medical insurance carrier is:

Insurance Company Policy Number/Group Number Cover Dates

I, the undersigned, have read this release/authorization and understand all of its terms. I execute it voluntarily and with knowledge of its significance. I have executed this release/authorization on the day and year stated above.

X _____
Signature of Student (if 18 years of age or older) Date

X _____
Signature of Parent or Guardian (if student is under 18 years of age) Date

Medical Information:

Is the student allergic to anything (medication or other)? If YES, please list: NO YES _____

Does the student take any medication on a regular basis? If YES, please list: NO YES _____

Are there any medical conditions we should be aware of? If YES, please list: NO YES _____

Primary Care Physician's Name: _____ Phone #: (_____) _____

Emergency Contacts: If you would like to provide a contact other than the student's parent/guardian, please do so below:

Name: _____ Phone #: (_____) _____ Relation: _____

Name: _____ Phone #: (_____) _____ Relation: _____

Photograph/Likeness Release:

I, _____, the parent/guardian (or student, if 18+) authorize the School of Richmond Ballet and/or its representative, agent, or employee to use any photograph/likeness of my child (or me), _____, for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason deemed appropriate by the artistic staff or marketing director.

X _____
Parent/Guardian (or student, if 18+) signature Date

Financial Information

Please read this form thoroughly and keep for your records

Annual Registration:

1. There is a non-refundable \$25.00 fee for each NEW student entering the school. Returning students within two school years are not required to pay a registration fee.
2. Registration must be completed and tuition must be paid, either in full or quarterly, prior to any student's entrance into class.

Tuition Payment:

1. **Upon registration all students and their parents/legal guardians make the commitment to pay the agreed upon full year's tuition whether they remain enrolled in the program or not. Tuition is non-refundable except in the case of a serious illness or injury documented by a doctor's explanation, or family relocation. Please see Withdrawal Policy below.**
2. School of Richmond Ballet tuition is set at affordable, competitive rates. If the student is registering for one semester (Children's Division only) the tuition is to be paid in full for that semester at the time of registration. Refer to "Semester Tuition" rates on SRB class schedule. Students enrolled for the full year can pay their tuition in full at the time of registration, or in four installments. The first installment is due at the time of registration. Those who choose to pay in installments will receive invoices for subsequent payments, unless a request is made for automatic billing by credit card as listed on the registration form. There is a \$25.00 annual processing fee due with the first payment, per student, for the quarterly payment option, which will automatically be applied to your account. **Selecting the quarterly payment option does not lessen the legal commitment to pay the full year's tuition.** The quarterly payment schedule is as follows:

1st Payment – Due at time of registration

2nd Payment – Due November 1, 2011

3rd Payment – Due February 1, 2012

4th Payment – Due April 1, 2012

Late Fee(s) and Delinquent Accounts:

A \$20.00 late fee will be imposed on the day after a due date and on the first of each month for as long as your account is unpaid. In cases where students default on financial obligations, the primary billing contact is liable for the outstanding balance and any collection costs and/or legal fees incurred by the School of Richmond Ballet during the process. When using the automatic payment option, it is the responsibility of the payee to notify the School of Richmond Ballet of changes to the credit card on file. If financial difficulties arise, please call Kim Chiarchiaro, SRB Business Manager, at (804) 344-0906 x 279.

Withdrawal Policy: Written notice of intent to withdraw must accompany all withdrawals.

Lower, Middle, and Upper Division: A \$50.00 withdrawal fee will be charged for all withdrawals before October 3rd, 2011, and the student will be exempt from finishing payment for the 2011-2012 school year. A refund of the students' current balance less the time enrolled in class and the \$50.00 withdrawal fee will be issued. **Any student withdrawing after October 3rd, 2011 will be held responsible for the full tuition amount for the 2010-2011 school year, even if paying the quarterly amount.**

Children's Division: Students in the Children's Division will be held responsible for payment for all classes prior to the time of written notification of withdrawal, and will be charged a \$25.00 withdrawal fee. In the case of illness or injury (as documented by an attending physician) or family relocation, a refund will be issued for any amount paid for classes not taken by the student.

All withdrawals are effective as of the date on which the Administration Office is notified: *informing your child's teacher is NOT considered a formal notification of withdrawal. A formal notification in writing must be submitted to Kim Chiarchiaro, SRB Business Manager. In cases when notification is received after a student stops attending class, the billing contact will still be held liable for tuition due for classes between the last attended class and the effective date of withdrawal.*

Financial Assistance:

Limited Financial Assistance is available to students enrolled in the Middle and Upper Levels. To qualify, students must demonstrate financial need, a high level of commitment, and significant talent as evaluated by the program's director and teachers. Students wishing to apply for assistance must complete a Financial Aid Application along with supporting documentation, and turn it in with their registration form and initial minimum required payment (1st quarter) no later than September 1st.

By signing the registration form, I acknowledge that I have read the above financial information highlighting registration, tuition, and payment information. I am aware of the stipulations that accompany the quarterly payment option, which Richmond Ballet provides as a courtesy, and I agree to pay all money due on the dates as listed above. I further understand that if any account becomes 30 days overdue, the account may be turned over to a collection agency and that, except in the case of illness or injury, or family relocation, I am committed to pay the full year's tuition.