



CHARLOTTE BALLET ACADEMY REGISTRATION FORM

1. STUDENT INFORMATION *(Please print legibly)*

Student First Name: _____ Student Last Name: _____
 Birthday: ___/___/___ Age as of 9/1/2017: _____ Current Dance School: _____
 Academic School: _____ Grade for 2017/2018: _____

2. PARENT/GUARDIAN INFORMATION

Mother/Father/Guardian Name(s): _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone Number: _____ Secondary Phone Number: _____
 Primary Email Address: _____

3. CLASS PREFERENCES

Level Placement for 2017/2018 *(please circle one)*

A level placement is not mandatory for students enrolling in the Preparatory or Student Open Divisions

Preparatory Division		Primary Division			Advanced Division
Creative Movement	Pre Ballet	Level 1	Level 2	Boys Dance	Level 5
Student Open Division		Intermediate Division			
Beginning Ballet	Youth Ballet	Level 3	Level 4		

Section Selection: Please note the days/times/location for each section. Once a section selection is made it is permanent for the remainder of the year. In Preparatory and Student Open Division select the class day you would like to attend. If the student is taking multiple classes the section for all classes must be the same i.e. Ballet 1 Section 1, Jazz 1 Section 1

Preparatory/ Student Open Division

First Choice	Second Choice
Class Day(s): _____	Class Day(s): _____
Class Time(s): _____	Class Time(s): _____

Primary/Intermediate Division

First Choice	Second Choice
Section #: _____	Section #: _____

Class Selection : (Not necessary for students in Creative Movement, Pre Ballet, or Beginning Ballet)

- | | | |
|--|---|--|
| <input type="checkbox"/> Ballet (all levels) | <input type="checkbox"/> Pointe (levels 3,4,5) | <input type="checkbox"/> Student Ensemble (levels 3,4,5) |
| <input type="checkbox"/> Jazz (Levels 1,2,3,4,5) | <input type="checkbox"/> Character (levels 2, 3) | <input type="checkbox"/> Men's Class (level 3 and 4) |
| <input type="checkbox"/> Modern (levels 2,3,4,5) | <input type="checkbox"/> Pas De Deux (level 5 only) | |



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4. TUITION

Select Tuition Payment Plan:

Monthly

Semi- Annual

Annual

Payment Method:

I have a preexisting Mindbody account, please charge it to the card on file

Credit Card _____ Exp: ___/___ CVV: _____

I give Charlotte Ballet authorization to charge me for the amount of the Registration Fee (includes the Registration Fee, Spring Performance Fee, and Parent Guild Membership) as well as the cost of the tuition.

5. SCHOOL POLICIES

I have read and understand the schedule and conditions of the payment plan I have selected. I understand that my obligation to pay tuition and other school-related fees is unconditional and that no portion of such fees paid will be refunded or cancelled in the event of absence, injury, relocation, decision to withdraw, or dismissal from the Academy, and that there are no tuition credits. I understand it is my responsibility to contact the Academy immediately if my credit card number, expiration date or address changes. A declined credit card fee of \$20 will apply to any monthly payment that is declined on the first day of the month for any reason. Monthly payments that are not made by the fifth day of the month will be subject to an additional late fee of \$5 per day. A student will not be allowed to participate in classes on the Monday following a missed monthly tuition payment until

MANDATORY WAIVER: I give permission for photos of myself/my child to be used in promotional materials for Charlotte Ballet.

MANDATORY WAIVER: I recognize that my or my child's attendance and participation may expose me/him/her to risk of injury or harm. I accept this risk and agree that Charlotte Ballet, Charlotte Ballet Academy and its staff will not be held responsible should such injury or harm occur. I certify that my child is in good health and can participate in all the normal activities of summer camps, classes, and programs. I authorize the calling in of a doctor and/or providing of other necessary medical services at my expense should an emergency arise.

MANDATORY WAIVER: I have read and understand the complete Academy policies page at charlotteballet.org.

I understand that the completion of this document does not signify enrollment in Charlotte Ballet Academy. I will be notified by an Academy Staff member with the status of my enrollment once it has been processed. All forms will be processed in the order they are received.

I agree to the terms stated above:

Signature: _____ Date: _____

Staff Use Only

Date Received: _____ Time Received: _____ Staff Initials: _____ Date Processed: _____