CHARLOTTE BALLET **ACADEMY**
REGISTRATION FORM

1. STUDENT INFORMATION

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 choose one)

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

| **Preparatory Division** | | **Primary Division** | | |
| Creative Movement | Pre Ballet | Level 1 | Level 2 | Boys Dance |

Advanced Division
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 #: _____

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

Ballet (all levels)   Pointe (levels 3, 4, & 5)   Student Ensemble (levels 3, 4, & 5)

Jazz (Levels 1, 2, 3, 4, 5)   Character (levels 2, 3)   Men's Class (levels 3 and 4)

Modern (levels 2, 3, 4, & 5)   Pas De Deux (level 5 only)

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

Date: _____

CHARLOTTE BALLET **ACADEMY** | 701 N Tryon St. | Charlotte, NC 28202 | 704.372.3900 | charlotteballet.org