



Mailing Address:
P.O. Box 99072
San Diego, CA 92169

Telephone:
858-274-6058

Studio Address:
941 Garnet Avenue
San Diego, CA 92109

Box Office Telephone:
858-272-8663

Website:
www.cityballet.org
email: info@cityballet.org

Fax:
858-272-8375

STUDENT REGISTRATION FORM

Name _____ Date _____
(Last) (First)

Address _____ City _____ Zip _____

Phone #Home _____ Parent's Cell _____ Child's Cell _____

Parent's Email _____ Birth Date _____ Age _____

Academic School _____ Grade _____

Parents/Guardians _____

Mother's Employer _____ Work Phone # _____

Father's Employer _____ Work Phone # _____

Tuition Paid by (Name) _____ Phone # _____

Address _____ City _____ Zip _____

Person to Call in Case of
Emergency _____ Phone# _____

Any serious medical or emotional problems: _____

Previous Dance Training (type, length of time, teacher/school): _____

How did you hear about CITY BALLET SCHOOL? _____

Please circle your CLASS LEVEL: *Pre-Ballet age 3-5/**Kinder-Ballet/ Ballet 1 / 1B / 2 / 3 / 4 / 4-5 / 5 / 6

*Please choose Pre-Ballet age 3-5 for child **not yet attending** Kindergarten/**Choose Kinder-Ballet for child **enrolled in Kindergarten at academic school**

*Choose Ballet 1 for all beginning ballet level children **enrolled in 1st grade and up.**

Please circle your CLASS SCHEDULE: (circle all days for your schedule) Mon / Tue / Wed / Thu / Fri / Sat

Recommended Full Program at discounted quarterly rate of \$ _____ per Qtr.

OR if you are not enrolling in the Full Program recommended for your level, please
indicate # of hours per week at Single class per week quarterly rate: _____ hours at \$ _____ per Qtr.

Family Discount if applicable (2nd child receives 10% discount) Less 10% \$ < _____ >

Annual Registration Fee + \$20.00

Total Due \$ _____

I have read and accepted the tuition and refund policy stated on the reverse side:

→ _____
Signature of adult responsible for payment of tuition

(Please see reverse – additional signature required)

For Office use only: Amt _____ Date _____ By _____ Cash/CC/Ck # _____ Receipt # _____

WAIVER AND RELEASE: (student) _____ has my permission to attend the City Ballet School and to use any photos taken for use in promoting the School and/or Company. I give my permission for the City Ballet staff to call a doctor or the one listed below in the event of an emergency and I will assume all financial costs incurred. I recognize the risks of illness or injury inherent with any dance exercise program and I am allowing the above named to participate in the City Ballet School's program upon the express agreement and understanding that I am waiving and releasing the School and or staff from any and all claims, costs, liabilities, expenses, judgments, including attorney's fees and court costs (herein collectively "claims") arising out of the above named participation in any event or program given or sponsored by the School and/or Company and any illness or injury resulting therefrom. I hereby further agree to indemnify and hold harmless the School and/or Company from and against any and all such claims except claims proximately caused by the gross negligence or willful misconduct of the School and/or Company.

→**Parent Signature** _____ **Date** _____

Doctor's Name _____ Doctor's Phone # _____
(optional)

CITY BALLET TUITION AND REFUND POLICY

1. All tuition is due and payable in advance. Tuition may be paid per single class, quarterly, quarterly installments, or annually. Class Cards may be used for Open Classes or by adults only.
2. Tuition is **not** refundable or transferable.
3. **Only tuition in arrears will be billed and a 10% late fee will be included. You will not receive an invoice unless your tuition is past due.**
4. **Tuition is due and payable the first week of the quarter.** *Tuition is based on 10 weeks each quarter with four quarters in a school year. Any classes missed due to a City Ballet School observed holiday or illness may be made up as recommended by the instructor or directors. Class times range in length from 45 minutes to 2 hours.*
5. Missed classes may be made-up in an appropriate class by instructor's permission within a quarter. There are no refunds, nor can missed classes be applied to a subsequent quarter's tuition.
6. It is necessary to notify the office if a class must be missed, changing a class schedule or when discontinuing. All fees are due until the office is notified of any class being dropped.
7. Medical disabilities is the only reason for tuition to be pro-rated and a credit will be given from the time credit is requested, only when accompanied with a doctor's statement explaining the nature of the disability or injury.
8. Only new students registering for the first time after the beginning of the quarter will pay tuition on a pro-rated basis for the remainder of the quarter.
9. It is the responsibility of CITY BALLET SCHOOL to notify students of any schedule change. It is the responsibility of the student/parent to notify the School of illness, vacation, financial problems, change in schedule or any other factor interfering with dance training and tuition policy.
10. The established dress code for each class is required by all students.
11. **Students in the special Ballet 1, 1B, 2, 3, 4, 4/5, 5, and Pre-professional 6 Programs are required to attend their required classes to receive the special tuition rate.**
12. All classes are subject to change and the management reserves the right to engage a qualified substitute teacher when the regular teacher cannot attend.
13. CITY BALLET SCHOOL observes these pre-scheduled holidays: Labor Day, Thanksgiving Day, two-week Christmas Break, Martin Luther King Day, Easter Sunday, Memorial Day, and July 4th.
14. There is a Yearly Registration Fee of \$20, and a returned check with Insufficient Funds incurs a \$20 fee.