

Registration Form 2011/2012

Student Information

Status: Returning New

Student's Name: _____ Home Phone: (____) _____

Address: _____ Work Phone: (____) _____

City: _____ Cell Phone: (____) _____

State: _____ Zip: _____ **Email:** _____

Date of Birth: ____/____/____ Employer: _____

Sex: M ____ F ____ Age: _____ Academic Grade : _____

This section to be filled out if the student is a minor:

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Work Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Cell Phone: (____) _____

For Class Cancellations

Contact Name: _____ Phone: (____) _____

Alternate Contact: _____ Phone: (____) _____

Medical Information

Health Plan/Insurance Company: _____ Policy Number: _____

Primary Care Physician: _____ Phone Number:(____) _____

Pertinent Medical Information
(allergies, medications, injuries etc): _____

Emergency Contact (other than parents): _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

In the event that any serious injury shall occur involving the student, I wish for Festival Ballet Providence supervisory personnel to take appropriate steps to notify me immediately, but if I am unavailable for any reason, I authorize whatever medical attention is deemed appropriate for the student.

Parent/Guardian Signature: _____ Date: ____/____/____

(Please complete second side)

Registration Information

Dress Code & Studio Etiquette:

- All students must adhere to our uniform and hair dress code according to the Placement Form.
- Information is available in our Parent/Student Handbook which is on our website www.festivalballetprovidence.org. Please read through carefully.

Payment method options:

1. Check/Cash/Money Order made payable to **Festival Ballet Providence**. Any check deposited with insufficient funds will be subject to a \$25 fee.
2. Credit Card – American Express, Visa or Mastercard. Any credit card declined will be subject to a \$25 fee.
3. Payment Plan Option: Automatic Credit Card Withdrawal according to payment plan (see below): a credit card you provide will automatically be charged.

Payment Policies:

- The \$25 Registration Fee is non-refundable and is due with the 1st quarter payment.
- Tuition must be received one week prior to the start of each quarter.
All late tuition payments will be charged 10% of the quarterly tuition.
- Students will not be allowed in class if accounts are not paid in full or if an Automatic Credit Card payment plan has not been established.
- The Automatic Credit Card Payment Plan can be established and authorized through the FBP School office and are subject to a \$25 fee.
 - Payment Plan: Two payments per nine-week quarter.
Payment 1 is due one week before the quarter begins.
Payment 2 is due on the fourth week of the quarter.

Class Change Policies:

- All class changes must be made within the first week of each quarter and must be submitted to the Front Desk on an Add/Drop form. Any class changes made after that time will incur a \$10 charge.

Withdrawal Policies:

1. Withdrawals - Anyone not returning to our program must submit a Add/Drop form otherwise, we will bill you for the upcoming quarter. If a student withdraws within the first week of the quarter, 75% of the tuition will be refunded. If a student withdraws within the second week of the quarter, 50% of the tuition will be refunded. No refund or credit will be issued after the second week of the quarter. Withdrawal must be dated and submitted in writing for a refund to apply.
2. Medical Withdrawals – FBP has the right to request medical confirmation from our medical consultants regarding said injury. Withdrawals during any quarter due to medical reasons may constitute a refund or credit. Notification of withdrawal must be done in writing accompanied by documentation in the form of a letter from the attending physician outlining the medical reason(s) for the withdrawal. The School Director must receive all documents within 7 days of the injury or the refund or credit will not be processed.

Agreement Statement:

I have read and accept all the above payment and withdrawal policies.

Signature

_____/_____/_____
Date