FESTIVAL BALLET PROVIDENCE SCHOOL

# Registration Form 2016/2017

## Student Information – fill out all applicable information

**Status:** ☐ Returning ☐ New

Student's Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ Cell Phone: _____

State: _____ Zip: _____ Employer: _____

Email: _____ Sex: M____ F____ Academic Grade : _____

Date of Birth: _____/_____/_____ Age: _____ Academic School Name: _____

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

Guardian 1 Name: _____ Guardian 2 Name: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

## For Class Cancellations

Contact Name: _____ Phone: _____

Alternate Contact: _____ Phone: _____

☐ Full Load Core Ballet Division Level: _____ * skip to medical information

## List classes if not registering for Full Load Core Ballet Division:

☐ Part-Time Core Ballet Division Level: _____

☐ Young Children's Division ☐ Recreational Division ☐ Adaptive ☐ Adult

Please list all classes below:

| Level | Title | Day | Time |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
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## Medical Information

Name of Insured: _____

Health Plan/Insurance Company: _____ Policy Number: _____

Primary Care Physician: _____ Phone Number: _____

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

**Emergency Contact** (Guardian) _____

Home Phone: _____ Work: _____ Cell: _____

Secondary person other than guardian: Home: _____ 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.

Guardian Signature: _____ Date: _____

**(Please complete second side)**

# Registration Information and Policies

***Dress Code & Studio Etiquette:***

- All students are required to wear the mandatory uniform for each class and level including appropriate hair style.
- Detailed information is available on the order form, placement form, and in our Parent/Student Handbook. Visit our website www.festivalballetprovidence.org for more information.

***Payment method options:***

1. Check/Cash/Money Order made payable to ***Festival Ballet Providence*** prior to the start of each quarter. You will incur a $30 fee for any check deposited with insufficient funds.
2. Payment Plan Option: The Automatic Credit/Debit Card Payment Plan can be established and authorized through the FBP School office and is subject to a $15 one time setup fee. Automatic Credit/Debit Card Withdrawal payment plans are as follows:

Payment Plan 1: Two payments per nine-week quarter.
Payment 1 is due one week prior to the start of each quarter.
Payment 2 is due on the fourth week of each subsequent quarter.

Payment Plan 2: Three payments per nine-week quarter.
Payment 1 is due one week prior to the start of each quarter.
Payment 2 is due on the third week of each subsequent quarter.
Payment 3 is due on the sixth week of each subsequent quarter.

***Payment Policies:***

- The $25 Registration Fee is non-refundable and is due with the first quarter payment.
- Full tuition must be received one week prior to the start of each quarter or a payment plan must be established. **All late tuition payments will be charged 10% of the quarterly tuition.**
- **Students will not be allowed into class if accounts are not paid in full or if an Automatic Credit/Debit Card payment plan has not been established.**

***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 Class Change form. Any class changes made after that time will incur a $10 charge.

***Withdrawal Policies:***

- Registration fees are non-refundable regardless of withdrawal circumstances.

- Withdrawals - 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.

- Medical Withdrawals – 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. FBP has the right to request medical confirmation from our medical consultants regarding said injury. Refund decisions are made on a case by case basis.

- Non-Continuing: Students not returning to our program after completing a full quarter must submit a Class Change form otherwise, an invoice will be sent for the upcoming quarter.

## *Agreement Statement:*

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

_____ _____/_____/_____

Signature Date