



Ballethnic Academy of Dance

(Bal-eth-nik) The Official School of Ballethnic Dance Company

Mailing Address
P.O. Box 90489
East Point, GA
404-762-1416
www.ballethnic.org

Registration Form

DATE: _____

Applicant's Name: _____

Applicant's Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate: _____

Cell: _____ E-mail: _____

Age: _____ years old Date of Birth: ____/____/____ Sex: _____

REGISTRATION FORM

() Youth Student

() Adult Student

SESSION:

___ Fall

___ Summer

___ Arts Transition
Camp

___ Pre-Camp

___ Dance Diversity

___ Workshops

___ UN

___ TLT

___ Other: (indicate below)

YOUTH APPLICANTS (age 21 and younger):

Student's School Name: _____ Grade: _____

Mother's Name (or Guardian) Father's Name (or Guardian)

Address if different from above Address if different from above

City, State, Zip City, State, Zip

Employer/Occupation Employer/Occupation

Telephone: Day and Evening Telephone: Day and Evening

E-mail Address E-mail Address

ADULT APPLICANTS:

List spouse or other contact Phone

Place of Employment: _____ Phone: _____

ALL APPLICANTS: EMERGENCY CONTACTS (List Two):

Name: _____ Telephone: _____

Name: _____ Telephone: _____

LIST ANY MEDICAL CONCERNS, ETC.

PREVIOUS DANCE TRAINING:

Have you taken class (es) at Ballethnic Academy of Dance before? _____ If yes, what year? _____

School: _____ Years of Training: _____



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Terms of Contract

FACTS TUITION MANAGEMENT

**Monthly payments are processed through an automatic draft from your account only.

Registration (A *non-refundable fee*) per student

\$75.00 Family Activity Fee _____

\$75.00 Registration Fee _____

**Facts Monthly: _____ 5th / 20th beginning on _____

*Semester: (September-December) (January-May)

1st payment _____ due _____

2nd payment _____ due _____

Full Payment _____

I understand that I am committing to \$ _____ monthly from now until May.

Or two *equal payments of \$ _____ Payment must be received before attending class.

✍ Parent / Guardian Signature _____

Level Assigned _____

Of classes per week _____

Class assignment: _____

TO BE COMPLETED BY DANCER:

I agree to be on my best behavior and follow all class and rehearsal rules. I will adhere to Ballethnic Academy of Dance dress code; if not, a warning, then a fine or an immediate dismissal will apply.

✍ Dancer's Signature _____

✍ Parent's Initial _____ Date _____

LATE PICK UP FEE:

There will be an added charge due upon arrival of **\$15.00** for (15 minutes past schedule class) and **\$5.00** every 15 minutes there after.

✍ Parent / Guardian Signature _____

WITHDRAWAL POLICY:

To withdraw from classes students must submit an official Academy withdrawal form. All fees are due at time of the withdrawal. **Fees will continue to accrue until student is officially withdrawn.**

✍ Initial _____

If you must withdraw for medical reasons, refunds will be provided as follows: 70% if notified up to three weeks prior: 40% if notified up to one week prior. NO refunds will be given, for any other reasons.

ABSENCES:

As a policy of Ballethnic Academy of Dance, there will be no refunds for absences.

Any student absent for a month or more will have to re-register

✍ Initial _____

**Individuals must re-enroll if account is over 30 days delinquent or if student is absent for a month or more.
ALL MONTHLY PAYMENTS ARE PROCESSED THROUGH FACTS TUITION MANAGEMENT.**



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Release/Consent Form

Please read carefully and completely

MEDICAL RELEASE TREATMENT FORM:

In the event of a life threatening injury or illness, I authorize Ballethnic Dance Company to take _____
(child's name) To the nearest medical center or hospital for treatment

✍ Parent/Guardian Signature _____

Date _____

MEDICAL RELEASE FORM:

Ballethnic Dance Company and dance instructors of Ballethnic Academy of Dance, its directors, officers, employees, owners and agents are hereby released of any and all liability for accidents, injuries, or other damages arising from the above-named student's participation in the classes or rehearsals at the Ballethnic Academy of Dance.

✍ Signature _____

Date _____

PHOTO AND PRESS RELEASE:

Ballethnic Dance Company and (BDC)/Ballethnic Academy Dance (BAD) reserves the right to use images and like forms of images of all persons enrolled in Ballethnic Academy of Dance. This is at the sole discretion of Ballethnic Dance Company Inc. Images compiled will be used in Public Relations, Marketing, Advertisement, and other media.

I _____ (Parent / Guardian) give Ballethnic Dance Company /Ballethnic Academy Dance/WSB TV my permission to use my child's (child's name) _____ images for the above stated use as of this date _____, 20____. Only to be used in conjunction with Ballethnic Dance Company Inc. Programs.

✍ Signature _____

Date _____

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