



STUDENT REGISTRATION FORM

Class: _____

Student: _____ Date of Birth: ____/____/____
Last Name First Name

Street Address City/Town Zip Code

Pertinent medical history/allergies: _____

Mother/Guardian: _____
Name Cell Phone Work Phone

Father/Guardian: _____
Name Cell Phone Work Phone

Emergency Contact: _____
(other than parent/guardian) Name Relationship Cell Phone

Email address for correspondence: _____

I agree to let New Bedford Ballet send me emails Yes No

Preferred written language: _____

New Bedford Ballet has my permission to use my child's photo/video for Promotions/Social Media Yes No

I am able to help New Bedford Ballet with:

Performances Fundraisers Maintenance Sewing Photography/Video
 IT/Computer Carpentry Music Grants Drawing/Graphics

Other Skills (marketing, accounting, legal etc.) _____

The following question is optional and requested primarily for grant purposes:

Select one or more of the following that describe the student: White Asian
 Native American/Alaska native Black/African American Multi-Race Non-Hispanic
 Native Hawaiian/Pacific Islander Bi-racial Hispanic/Latino

How did you hear about New Bedford Ballet?

_____ I am a current student.

_____ A family member or friend referred me.

_____ I saw on social media.

_____ I came to a New Bedford Ballet performance.

_____ I saw in a print advertisement.

_____ I found through an internet search.

_____ Other: _____

Payment

Tuition is calculated on a thirty-six-week school year.

For your convenience, payments are divided into nine payments.

Tuition and performance fees are non-refundable.

Please refer to the class schedule/calendar for due dates of tuition and performance fee.

Tuition can be paid by credit card, cash or check.

A credit card **MUST** be kept on file with New Bedford Ballet.

In the event tuition or performance fee is not paid by the payment due date, your credit card will be charged for that payment. There will be a \$10 late fee for tuition not paid by the due date.

_____ I would like to have the ***tuition and the performance fee***, if applicable, automatically charged to my credit card.

_____ I would like to pay by check, cash, or credit card, but understand that if I do not make the payment by the due date, my credit card will be charged.

Withdrawal

If a student is withdrawing from classes, parents/guardians need to inform the office in writing. All outstanding balances must be paid. If the office is not informed of a student's withdrawal, their account will continue to be charged until a written notice is received.

Waiver

New Bedford Ballet reserves the right to cancel class and/or substitute teachers when it feels appropriate. Missed classes due to inclement weather or student illness should be made up at the same level or below.

New Bedford Ballet reserves the right to dismiss a student from the school.

I understand that I will be held fully responsible for accident insurance for my child and/or myself and will not hold New Bedford Ballet or any of its faculty and staff responsible for injury sustained during or as the result of classes or performances.

I have read New Bedford Ballet's school policies and bullying contract (available on the New Bedford Ballet website) and agree to abide by them. In addition, I have read, understand and agree to the above New Bedford Ballet's Payments and Waiver. New Bedford Ballet reserves the right to change its policies at any time at its sole discretion.

Signature

Date