



Mailing Address:
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San Diego, CA 92169

Studio Address:
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Website:
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Telephone:
858-274-6058

Box Office Telephone:
858-272-8663

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858-272-8375

2020-21 STUDENT REGISTRATION FORM

Student Name (Last) (First) Date

Address City Zip

Home Phone Parent Cell Parent/Student Cell

Parent's Email Student's Birth Date Age

Academic School Grade

Parents/Guardians

Mother's Employer Work Phone

Father's Employer Work Phone

Tuition Paid by (Name) Phone

Address Email

Any serious medical or emotional problems:

Person to Call in Case of Emergency Phone

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

How did you hear about CITY BALLET SCHOOL?

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

*Choose Pre/Kinder Ballet for children age 4 and up who are pre-Kindergarten or enrolled in Kindergarten at academic school.

*Choose Ballet 1 for all beginning ballet level children enrolled in 1st grade and up. (Ballet 1B and up must be recommended by City Ballet instructors.)

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

(Note: Contemporary 5 and Contemporary 6 are part of the Ballet 5 and Ballet 6 Programs by invitation only, with 3-day per week minimum schedule.)

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

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

Family Discount if applicable: (2nd child receives 10% discount, 3rd receives 20%) \$ -

Annual Registration Fee: + \$20.00

Total Due \$

Please see reverse for important information and signature required.

(Office Use Only) Date Amt \$ Cash /CC/ Check # Received by Receipt #

WAIVER AND RELEASE: (student) _____ has my permission to attend the City Ballet School. City Ballet School and/or Company has my permission to use any photos and/or video 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.

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

CITY BALLET TUITION AND REFUND POLICY

1. All tuition is due and payable in advance, **no later than the first week of the quarter.** Tuition may be paid quarterly, bi-quarterly (for tuition over \$500 plus a \$30 installment fee), or annually. Tuition is based on 10 weeks each quarter with four quarters in a school year. Please note the due dates on your calendar. **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.** Class times range in length from 45 minutes to 2 hours.
2. **Tuition is not refundable or transferable.**
3. **Students enrolled in the special Pre-Ballet through Pre-Professional Programs must attend the required program classes to receive the special discounted Program tuition rate.** Students not enrolled in the full recommended Program pay the discounted hourly tuition rate for the 10-week quarter. **There are no partial/reduced programs, or drop-in classes allowed in the Children's Division.** (A one-time placement class is allowed for new students for placement at the school.)
4. **Tuition may not be pro-rated except in the case of new students or medical disabilities.** 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. Students returning from a medical disability will be given credit from the time credit is requested when accompanied with a doctor's statement explaining the nature of the disability or injury. Upon return to classes the credit will be applied, and tuition will be pro-rated for the remainder of the quarter if the quarter is already in progress.
5. It is necessary to notify the office if a class must be missed, changing class schedule, or when discontinuing. All fees are due until the office is notified of any class being dropped. Any classes missed due to a City Ballet School observed holiday or illness may be made up as recommended by the instructor or directors. 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 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. It is the responsibility of the parent/guardian to pick up students in a timely manner at the conclusion of all classes. City Ballet does not provide supervision of children before or after classes.
7. The established dress code for each class is required by all students.
8. 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. (See #5 above for making up classes missed on these days.)
9. All classes are subject to change and the management reserves the right to engage a qualified substitute teacher when the regular teacher cannot attend. **If San Diego County Health Dept mandates no in person classes, classes will be via Zoom.**
10. There is a Yearly Registration Fee of \$20, and a returned check with Insufficient Funds incurs a \$25 fee.

I have read and accepted the above WAIVER AND RELEASE and TUITION AND REFUND POLICY:

Signature _____ Date _____
(Parent or Guardian Signature Required)