



2026-27 STUDENT REGISTRATION

Date _____

Student Name _____
First Last

Student Email _____ Birth Date ____/____/____ Age ____
(If Applicable) month date year

Academic School _____ Grade ____
(Name of School)

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

Any serious medical or emotional problems _____

Parent Name/s _____
(Parent or Guardian/s)

Address _____ City _____ Zip _____

Email/s _____

Phone/s _____

Parent Employer 1 _____ Parent Employer 2 _____

Emergency Contact _____ Phone _____
(If parent cannot be reached) Name

How did you hear about CITY BALLET SCHOOL? _____

CLASS LEVEL: ☐ Pre-Ballet / ☐ Kinder Ballet / ☐ Ballet 1 / ☐ Ballet 2 / ☐ Ballet 3 / ☐ Ballet 4 / ☐ Ballet 5 / ☐ Ballet 6/SC

Select Pre-Ballet for children age 4 or 5 in Pre-School, or Kinder Ballet for children enrolled in Kindergarten at academic school.

Select Ballet 1 for all beginning level children enrolled in 1st grade and up. Ballet 2 and above must be recommended by City Ballet instructors.

CLASS SCHEDULE: (select all days in your schedule) ☐ Mon / ☐ Tue / ☐ Wed / ☐ Thu / ☐ Fri / ☐ Sat / ☐ Sun

Add Specialty Classes: ☐ Jazz (Ballet 2, 3)/ ☐ Contemporary (Ballet 4, 5, 6)/ ☐ *Variations (Ballet 5, 6, SC)/ ☐ *Pas de Deux (Ballet 6, SC)

TUITION: Recommended **FULL PROGRAM** at special discounted **full program** rate per quarter: \$ _____
(Choose either FULL or HOURLY PROGRAM.)

Or **HOURLY PROGRAM** of _____ hours per week at discounted **HOURLY** rate per quarter: \$ _____

*Ballet 5, 6, & Studio Company: Variations and Pas de Deux classes require a minimum of 3 Ballet Technique classes per week

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

☐ **Free Placement/Trial Class** (You may leave Level, Schedule, & Tuition areas blank at this time)

Annual Registration Fee: + \$25.00

Please see reverse for important information and required signature

Total Due: \$ _____

(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 (including COVID-19) 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 City Ballet School and/or City Ballet Company and any illness, including COVID-19 and all COVID-19 associated effects, 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 HEALTH, TUITION, REFUND and SCHOOL POLICY

1. **TUITION & DUE DATES:** All tuition is due and payable in advance, **no later than the first week of each 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 are from 45 minutes to 2 hours long.

Students enrolled in the special Pre and Kinder Ballet through Pre-Professional 6 and Studio Company 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 programs, or drop-in classes allowed in the Children's and Pre-Professional Division.** A one-time free placement class is allowed for new students for placement at the school.

2. **REFUNDS:** There are no refunds. Tuition is **not** refundable or transferable.

3. **PRO-RATED TUITION - NEW STUDENT & MEDICAL ABSENCE:** Tuition may not be pro-rated except in the case of new students or medical absences. **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 absence** 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.

4. **ATTENDANCE:** **It is the responsibility of the student or parent to sign in at the front desk in the lobby before every class. 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.

5. **CHANGES/MISSED CLASSES:** It is necessary to notify the office by **EMAIL** if a class must be missed, **changing class schedule, or when discontinuing.** All fees are due until the office is notified by **email** of any class being dropped. It is the responsibility of the parent/guardian to notify the School by **EMAIL** of any **change in schedule,** illness, vacation, financial problems, or any other factor interfering with training and tuition policy. Missed classes due to a City Ballet School observed holiday or illness may be made-up in an appropriate class as recommended by the instructor within a quarter. **Credit for missed classes may not be deducted from tuition.**

6. **HEALTH:** **Students may not attend if they are ill or show any symptoms of illness.** Do not send children to class if they not feeling well. It is the responsibility of the parent to pick up students immediately if notified by the School that student is showing symptoms of illness. Health & safety protocols are subject to change per San Diego County Dept. of Health.

7. **DRESS CODE:** **The established dress code for each class is required by all students.** Please see dress code information or email us.

8. **HOLIDAYS:** City Ballet School observes these holidays and is CLOSED: Labor Day, Thanksgiving Day, 3-week Christmas break, Martin Luther King Jr. Day, Easter Sunday, Memorial Day, Juneteenth, and July 4th. (See #5 above for making up classes on these days.)

9. **SCHEDULE/SUBSTITUTES:** All classes are subject to change. **City Ballet School will notify parents/students of any schedule changes by email.** The management reserves the right to engage a qualified substitute teacher when the regular teacher cannot attend.

10. **FEES:** There is a Yearly Registration Fee of \$25, and a returned check with Insufficient Funds incurs a \$25 fee.

I have read and accepted the above WAIVER AND RELEASE and HEALTH, TUITION, REFUND & SCHOOL POLICY:

Signature _____ Date _____
Parent/Guardian Signature Required