

From: **Skye Ballet Center** skyeballet@gmail.com
Subject:
Date: April 17, 2017 at 7:58 PM
To:



SKYE BALLET CENTER LLC

Student Name _____ **Date of Birth** _____
Street Address _____ **City** _____ **Zip** _____
Phone Numbers _____ **E-Mail Address** _____ **Grade** _____
School _____

Billing Name & Address (if different than above) _____

Mother's Name _____ **Employer** _____
(Last) (First)
Address (if different than above) _____

Home Phone () _____ **Work Phone** () _____ **Cell Phone/Pager** () _____

Father's Name _____ **Employer** _____
(Last) (First)
Address (if different than above) _____

Home Phone () _____ **Work Phone** () _____ **Cell Phone/Pager** () _____

Emergency Contact Name _____ **Phone** () _____

General Policies

Tuition charge is based on the current session, but for your convenience, may be paid monthly. Tuition payments are due the 1st day of each month. Bills will not be mailed. Accounts may be paid by check, cash, or through our Pay Pal account online. A \$50 late fee will be levied on any balance not paid by the 10th of each month. All tuition, late fees, Performance fees and/or any other outstanding balances must be paid in full prior to the Session's performance. Account balances must be paid in full before any student is permitted to perform and outstanding balances of 45 days or more must reach executive director approval before the student is permitted to attend scheduled classes. Tuition, registration fees, costume payments, competition fees, and performance fees are non-refundable. Absences must be reported via email to skyeballet@gmail.com prior to class. Missed reported classes may be made up in the same level or a level below within one (1) month's time of an absence only. Missed classes are disallowed for days when the Center is closed. Classes are subject to cancellation or rescheduling at the Center's discretion. Center is not responsible for student property. Any student destroying or damaging Center property will be promptly dismissed. Students are not permitted to smoke or chew gum on Center property. All pointe students must be approved by the Artistic Director. A student may be expelled on the basis of their behavior and/or the actions of their parents at the Center's discretion. Center requests that each student enrolled consult with a physician with respect to any past or present illness or injury that may affect his/her participation in and ability to endure the exercise, dance, or acrobatic program. Non-compliance with the policies of Center may result in the dismissal of a student and/or family. I, the undersigned, acknowledge that I have read the above paragraph, that I understand it, and that I have discussed with my physician the exercise, dance and/or acrobatic program and physical and/or emotional illnesses or injuries I or my child have. I agree to be solely responsible for any and all costs, damages, and expenses incurred by me and/or my child as a result of any injury sustained from participation in any classes taken at Center. I further agree not to hold Center, its staff and/or instructors responsible in any way for such injury. I agree not to hold Center or its staff responsible for my child or myself while he/she is not in class either on or off the Center's property. Skye Ballet Center LLC reserves the right to update these policies at any time by written notification to parents and/or students.

Parent/Guardian Name (please print) _____ **Signature** _____ **Date** _____

OFFICE USE ONLY PLEASE

Previous Experience: _____

Classes: _____
(include day of week, class time, & teacher)

Monthly Tuition: _____ **Registration Fee:** _____ **Number of Classes per week:** _____

