

# 2018 - 2019

ICSB Registration Forms / for office and internal use

## GENERAL REGISTRATION

DATE  
RCVD: \_\_\_\_\_

ENROLLMENT FEE PAID  
\_\_\_\_\_

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Age (by 8/1/18)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent's/Guardian's Name #1 (Last, First)

\_\_\_\_\_  
Parent/ Guardian Name #2 (Last, First)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
PRIMARY Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

### ALTERNATE EMERGENCY CONTACTS

\_\_\_\_\_  
Primary Emergency Contact

\_\_\_\_\_  
Secondary Emergency Contact

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

### MEDICAL INFORMATION

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Allergies/Special Health Conditions

*Please make sure page is complete before returning to ICSB*

**At International City School of Ballet**, tuition payments must be made in ten (10) equal installments. Tuition is based on a yearly amount taking into consideration the dancer's class level and the hours per week they are scheduled to participate in throughout the year. Tuition will not be prorated under any circumstances.

- Tuition can be paid by Check or Credit/Debit Card. **Cash and Money Orders cannot be accepted as payment.**
- *All CC Payments will be charged a Processing Fee equal to 3.75% of the transaction amount. This includes recurring payments.*

**Installment Plan** - The 2018-2019 Academic Year begins August 4th, 2018 for Primary Academy students and begins August 13th for all other programs. All programs conclude on May 24th, 2019.

**THE FIRST TUITION INSTALLMENT IS ALWAYS DUE UPON REGISTRATION.**

There after, Tuition is due at the 1<sup>st</sup> of the installment month by the end of the day (8:00PM). Tuition installment will be considered late on the 2nd of the month. If your tuition installment is late, your dancer **will not be allowed to attend classes** until it is paid along with the Late Fee:

*If more than **7** days late, a Late fee of \$20 will be charged.*

*If more than **14** days late, a Late fee of \$40 will be charged.*

*If more than **30** days late, a Late fee of \$80 will be charged.*

*If more than **40** days late, enrollment will be cancelled and Student will be asked to Reapply.*

**IF LATE, TUITION PAYMENTS WILL NOT BE ACCEPTED UNLESS LATE FEE IS INCLUDED\***

\*Late fees must be paid together with the tuition installment in order to keep your account current.

**Returned Checks** - A \$35 returned check will fee be incurred for all checks returned to our office for insufficient funds. Please remit the return check fee and tuition in separate forms of payment. The fee must be paid within 1 week (7 days) of notification.

**Refund Policies - TUITION IS NON-REFUNDABLE.** Refunds will not be made unless there is a serious illness or injury verified by a physicians's evaluation. If a dancer is dismissed/withdrawn from the school there will be absolutely no refund given for any reason.

**METHOD 1 - Payment In-Person** (Check or Credit/Debit Card Only due by 1st of each Installment Month)

**METHOD 2 - Recurring Credit Card** payment requires: 1) the name as it appears on the card, 2) card type (Visa, MasterCard, Discover or American Express), 3) card number, 4) card expiration month/year and 5) billing address. Recurring CC charges will happen by the first of the month.

\_\_\_\_\_  
Credit Card Holder's Full Name (Last, First)

\_\_\_\_\_  
Card Type (Amex, Visa, MasterCard)

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date  
(MM/YYYY)

\_\_\_\_\_  
Card Security Code  
(CSC)

\_\_\_\_\_  
Signature Authorizing Monthly Charges

\_\_\_\_\_  
Billing Zip Code

*Please make sure page is complete before returning to ICSB*

## SIGNATURE CONFIRMATION

### **IN CASE OF A MEDICAL EMERGENCY**

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver only applies in the event that neither parent/guardian can be reached in the case of an emergency. I also agree to release all liability of any kind of injury sustained while at ICSB and I understand that my dancer's involvement in physically strenuous activities inherent of ballet training at ICSB could result in such.

Parents/Guardian Signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

### **FINANCIAL RESPONSIBILITIES**

I, \_\_\_\_\_, parent(s) of \_\_\_\_\_ understand the Financial Obligations of International City School of Ballet and agree to abide by these in full. I recognize there are risks of accident or injury associated with any program of dance and acknowledge that I am allowing my child to participate with this understanding. **TUITION IS NON-REFUNDABLE.** Refunds will not be made unless there is a serious illness or injury verified by a physicians's evaluation. If a dancer is dismissed/withdrawn from the school there will be absolutely no refund given for any reason.

Parents/Guardian Signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

### **STUDENT WITHDRAWALS**

In the event that the parent of the student decides to withdraw from further classes at ICSB, I agree to provide ICSB with a 30 day notice in writing in Intent to Withdraw. This must be sent exactly 30 days before the 1st of the following month.

Parents/Guardian Signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

### **COMPANY LIABILITY RELEASE**

I certify that my child is in good health and capable of participating in all school activities and classes. I agree that International City School of Ballet or its staff shall not be liable in any way for any injuries sustained or loss of property during attendance at the school or any of its related functions. ***I will completely fulfill the obligations listed on this contract for the 2017-2018 Year.***

Parents/Guardian Signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

### **PHOTOGRAPHY & MEDIA RELEASE (OPTIONAL)**

I, \_\_\_\_\_, parent(s) of \_\_\_\_\_ hereby give International City School of Ballet the absolute right and permission to use my and/or my minor child's name, image, interview, performance or other auditory or visual image as a International City School of Ballet participant and copyright and/or publish, or use pictures, or videotapes, of me and/or my minor child of which the inclusion is in whole or in part, made through any media or Internet website at its studios or elsewhere, for research, education, advertising, trade or any other lawful purpose whatsoever whether taken in the classroom, prior to, or after class.

Parents/Guardian Signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

## **YEAR PLAN**

*Please mark off all of the programs you would be interested in participating for the 2018-2019 Season. Please note, that all programs you wish to participate in might have additional fees and requirements. Also, by selecting the boxes "Ballet Competitions" or "Commercial competitions/conventions" does not guarantee that you will automatically be eligible to compete. Please schedule an appointment to discuss if your child is a candidate to compete.*

**Primary Academy**

**Open Ballet**

**Pre-Professional Academy (Preparatory, Pro 1 and Pro 2)**

**Ballet Institute**

**BALLET COMPETITIONS**, please specify the name of the competition you are interested in:

---



---

**COMMERCIAL COMPETITIONS/CONVENTIONS**, please specify the name of the event you are interested in:

---



---

**Spring 2019 Performance**

**Summer Intensive 2019**

**Summer Camp (ages 3-10)**

**PRIVATE TECHNIQUE COACHING (this is not part of Ballet Institute or YAGP)**

**Other:**

**Other:**

*I understand that I am committing for the 2018-2019 Season and all of the fees associated with each program.*

*Please make sure page is complete before returning to ICSB*