



2017-2018 Student Enrollment Form

Please print!

Student Name _____ Age _____ Birth Date _____

Home Phone _____ Work Phone _____

Cell Phone _____ Parent Name _____

Email Address (parents) _____

Address (including City & Zip) _____

Continuing Student (Please Circle) Y N If no please list previous ballet schools and number of years

How did you hear about The School? _____

Dance forms other than ballet studied? _____

Conditions which might be helpful for us to be aware of (Dyslexia, Scoliosis, etc.) _____

Academic School _____ School District _____ Grade Level _____

Office Use Only

Level of Enrollment _____

Base Tuition _____

Extra Classes Enrolled In

Method of Payment _____

Additional Tuition _____

Registration Fee Paid _____

Total Paid _____

Date _____ Initials _____



the School
of the Sacramento Ballet

Student Name _____ Parent/Guardian Name _____

Address (city and zip) _____ Student's Birthdate _____

Medical Release

I hereby give my permission to the Administration, faculty, and staff of The Sacramento Ballet to authorize any emergency medical care that may be required during my child's participation in classes, performances, or any related Sacramento Ballet events. This authorization extends throughout the entire year, or until that student is no longer enrolled with The Sacramento Ballet, whichever comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

Emergency Contact Information

Mother's Name _____ Cell # _____

Employer _____ Telephone: () _____

Father's Name _____ Cell # _____

Employer _____ Telephone () _____

If my child is ill or has an emergency and I cannot be reached, release him/her to

Name _____ Telephone: () _____

Medical Insurance Information

*** REQUIRED: PLEASE ATTACH A COPY OF THE INSURED'S INSURANCE CARD, FRONT AND BACK.**

Name of Insurance Company: _____ Telephone: () _____

Company Address: _____

Name Plan is Registered Under: _____ Group # _____

Employer: _____

If Pre-Authorization is required by your insurance plan, the phone number is () _____

List of any known health problems or allergies your child may have:

I have read, understand, and agree to the Liability Release, Publicity Release, and Medical Release. I have also received and read The School of the Sacramento Ballet Student/Parent Handbook and agree to follow its policies and procedures. I hereby submit this form to the School of the Sacramento Ballet.

Date

Parent/Guardian Signature (if student under 18)

Student Signature

Tuition Agreement

Tuition Due Dates

- Installment 1: August 28, 2017**
- Installment 2: October 2, 2017**
- Installment 3: November 1, 2017**
- Installment 4: December 1, 2017**
- Installment 5: January 2, 2018**
- Installment 6: February 1, 2018**
- Installment 7: March 1, 2018**
- Installment 8: April 2, 2018**
- Installment 9: May 1, 2018**

How to Make a Tuition Payment

- **Yearly Tuition** One payment may be made at reception prior to the 2017-2018 school year.
- **Installment Tuition Payments**
 - **PaySimple (auto-pay)** Credit card information is collected at the beginning of the school year and charged by PaySimple on the 1st of each month. The first payment will be processed on August 28, 2017. If the PaySimple payment is not resolved by the 15th, a \$50 late fee will be incurred. PaySimple will automatically send an email if the original charge is denied.
 - **Payment Made at the Front Desk** Payment can be made at the front desk; if payment is not received by the 10th of the month a \$50 late fee will be incurred.
- Tuition payments must be received monthly for your student to participate in class.
- Tuition must be up to date for your student to perform in the Annual Demonstration.
- All students are assessed an enrollment fee of \$75/student. Students enrolling after February 1st will be assessed at \$60/student. Charter school students will be charged an additional registration fee of \$75.
- All students are required to give **30 days notice** to leave the program. Balances will continue to accrue whether or not your student is in class.
- There is a \$25 returned check fee.
- The School of the Sacramento Ballet has a NO CASH REFUND policy. There are no refunds for missed classes. Credit may be applied for future classes or programs.
- In the event of an illness or injury, parents are requested to notify Administration as soon as possible. Injured students are asked to observe required classes and rehearsals while recovering from injury.
- If your child is ill, please keep them at home to get well and notify Administration.
- **I have read and agree to the Tuition Policy of The School of the Sacramento Ballet.**

Student's Name _____ Parent's Name _____

Parent's Signature _____ Date _____



2420 N Street, Suite #100, Sacramento, CA 95816

PaySimple Recurring Payment Plan Authorization Form
Credit Card

Schedule your payment to be automatically charged to your Visa, MasterCard, American Express or Discover Card.
The Recurring Payment Plan will help you in several ways

- It's convenient (saving you time and postage)
Your payment is always on time (even if you're out of town), eliminating late charges
It's easy to sign up

Here's how the Recurring Payment Plan works

You authorize regularly scheduled charges to your credit card. You will be charged each billing period the total amount due for that period. A receipt of payment will be emailed to you and will appear on your statement.

Please complete the information below

Student's Name _____ Level _____

I, _____, authorize Sacramento Ballet to charge/debit my
(please print name)

account \$ _____ on the 9 installment dates as outlined in the Tuition Agreement.

Billing Address _____ Phone# _____

City, State, Zip _____ email _____

Credit Card/Please Check One

Form containing fields for Visa, Master Card, Amex, Discover, Cardholder Name, Card Number, Exp. Date, and 3 digit number on back of card.

Signature _____ Date _____

I agree to notify The Sacramento Ballet in writing of any changes in my account information. For ADH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account each month as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute The Sacramento Ballet recurring billing with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this agreement.

Student Name: _____

Please print legibly

Publicity Release

I hereby grant to the School of the Sacramento Ballet the absolute and irrevocable right and unrestricted permission to use my child's name, likeness, image, and/or appearance as such may be embodied in any photos, video recordings, digital images, and the like, taken or made on behalf of the School of the Sacramento Ballet or its partners. I agree that the School of the Sacramento Ballet has complete ownership of such material and can use said material for any purpose consistent with the School of the Sacramento Ballet's mission. These uses include, but are not limited to, videos, publications, advertisements, news releases, Web sites (including social media), and any promotional or educational materials in any medium.

I acknowledge that I and my child will not receive any compensation for the use of such images, video, likeness, etc. I hereby release and discharge the School of the Sacramento Ballet, and its agents, representatives and assignees from any and all claims and demands arising out of or in connection with the use of my child's name, likeness, image, and/or appearance, including any and all claims for invasion of privacy, right of publicity, misappropriation or misuse of image, and/or defamation. This release shall be binding upon me, my heirs, legal representatives, and assigns.

This agreement is being made and entered into under the laws of the State of California and shall be governed and interpreted in accordance with the laws of said state. This agreement embodies the entire agreement of the parties (subject and photographer). No modification of this agreement shall be of any effect unless it is made in writing and signed by all of the parties to the agreement.

I have carefully read this agreement and release of liability and fully understand its contents. By signing, I agree to the terms above.

Signature of Parent/Guardian/Student if over 18

Date

Liability Release

I am aware that dance training at the School of the Sacramento Ballet involves active activities, and I am voluntarily permitting my child to participate in these activities with the knowledge of the danger involved and hereby agree to accept any and all risks of injury to my child that may result therefrom.

In exchange for my child being permitted by the School of the Sacramento Ballet to participate in these activities and use its facilities, I hereby agree that I will not make a claim against or sue the School of the Sacramento Ballet or any of its principals, employees or agents for injury or damage resulting from the use of the facility or other acts, howsoever caused, by another participant, an employee or agent of the School of the Sacramento Ballet as a result of my child's participation.

In addition, I HEREBY ACKNOWLEDGE AND AGREE TO RELEASE, DEFEND, INDEMNIFY AND HOLD HARMLESS the School of the Sacramento Ballet, its principals, employees and agents, and to assume full responsibility for any loss or damage, on account of injury to my child, whether caused by the active, passive or sole negligence of the School of the Sacramento Ballet agents, while my child is on the property of the School of the Sacramento Ballet or is participating in any way or any activity at the School of the Sacramento Ballet or run by the School of the Sacramento Ballet. Should it be necessary, in the opinion of the staff at the School of the Sacramento Ballet, to render first aid and assistance to my child, I hereby grant permission to the staff of the School of the Sacramento Ballet to render such aid and assistance.

I have carefully read this agreement and release of liability and fully understand its contents. By signing, I agree to the terms above.

Signature of Parent/Guardian/Student if over 18

Date