

Student Information – fill out all applicable information

Status: Returning New

Student's Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City: _____ Cell Phone: _____
 State: _____ Zip: _____ Employer: _____
 Email: _____ Sex: M ___ F ___ Academic Grade : _____
 Date of Birth: ___/___/___ Age: _____ Academic School Name: _____

This section to be filled out if the student is a minor:

Guardian 1 Name: _____ Guardian 2 Name: _____
 Home Phone: _____ Home Phone: _____
 Employer: _____ Employer: _____
 Work Phone: _____ Work Phone: _____
 Cell Phone: _____ Cell Phone: _____

For Class Cancellations

Contact Name: _____ Phone: _____
 Email: _____

Full Load Core Ballet Division Level: _____ * skip to medical information

List classes not registering for Full Load Core Ballet Division:

Part-Time Core Ballet Division Level: _____
 Young Children's Division Recreational Division Adaptive Adult

Please list all classes below:

Level	Title	Day	Time

Medical Information

Name of Insured: _____
 Health Plan/Insurance Company: _____ Policy Number: _____
 Primary Care Physician: _____ Phone Number: _____

Pertinent Medical Information (allergies, medications, injuries etc): _____

Emergency Contact (Guardian) _____

Home Phone: _____ Work: _____ Cell: _____

Secondary person other than guardian: Home: _____ Work: _____ Cell: _____

In the event that any serious injury shall occur involving the student, I wish for Festival Ballet Providence supervisory personnel to take appropriate steps to notify me immediately, but if I am unavailable for any reason, I authorize whatever medical attention is deemed appropriate for the student.

Guardian Signature: _____ Date: _____

Registration Information and Policies

Dress Code & Studio Etiquette:

- All students are required to wear the mandatory uniform for each class and level including appropriate hair style.
- Detailed information is available on the order form, placement form, and in our Parent/Student Handbook. Visit our website www.festivalballetprovidence.org for more information.

Payment method options:

1. Check/Cash/Money Order made payable to **Festival Ballet Providence** prior to the start of each quarter. You will incur a \$30 fee for any check deposited with insufficient funds.
2. Payment Plan Option: The Automatic Credit/Debit Card Payment Plan can be established and authorized through the FBP School office and is subject to a \$15 one time setup fee. Automatic Credit/Debit Card Withdrawal payment plans are as follows:

Two payments per nine-week quarter.

Payment Plan 1 is due one week prior to the start of each quarter.

Payment Plan 2 is due on the fourth week of each subsequent quarter

Payment Policies:

- The \$25 Registration Fee is non-refundable and is due with the first quarter payment.
- Full tuition must be received one week prior to the start of each quarter or a payment plan must be established. **All late tuition payments will be charged 5% of the quarterly tuition.**
- **Students will not be allowed into class if accounts are not paid in full or if an Automatic Credit/Debit Card payment plan has not been established.**

Class Change Policies:

- All class changes must be made within the first week of each quarter and must be submitted to the Front Desk on an Add/Drop form. Any class changes made after that time will incur a \$10 charge.

Withdrawal Policies:

- Registration fees are non-refundable regardless of withdrawal circumstances.
- Withdrawals - If a student withdraws within the first week of the quarter, 75% of the tuition will be refunded. If a student withdraws within the second week of the quarter, 50% of the tuition will be refunded. No refund or credit will be issued after the second week of the quarter. Withdrawal must be dated and submitted in writing for a refund to apply.
- Medical Withdrawals – Withdrawals during any quarter due to medical reasons **may** constitute a refund or credit. Notification of withdrawal must be done in writing accompanied by documentation in the form of a letter from the attending physician outlining the medical reason(s) for the withdrawal. The School Director must receive all documents within 7 days of the injury. FBP has the right to request medical confirmation from our medical consultants regarding said injury. Refund decisions are made on a case by case basis.
- Non-Continuing: Students not returning to our program after completing a full quarter must submit a Add/Drop form otherwise, an invoice will be sent for the upcoming quarter.

Agreement Statement:

I have read and accept all the above payment and withdrawal policies.

Signature

____/____/____
Date