

School Year 2011/2012

Enrollment Contract

CONTRACT MUST BE SIGNED AND RETURNED WITH PAYMENT IN FULL.

As the Parent/Guardian of _____ (“Student”), I have read, understand, agreed and executed this enrollment contract for the purpose of enrolling at the Academy of Nevada Ballet Theatre (“Academy”) for the following term:

Session: Fall 2011 **Start:** August 29, 2011 **Finish:** June 3, 2012

Enrollment is upon the following terms and conditions:

Payment Policies

- A. Tuition is non-refundable and non-transferable.
- B. All class program rates are payable in advance.
- C. Tuition is due on the 25th of each month for the following month and is considered late on the 1st. A late fee in the amount of 10% of the outstanding balance will be added for late payments received after the 1st of each month.
- D. If the Tuition has been paid, the student has secured a spot in the program. Once the student’s spot is secured, the parent/guardian will be held fully responsible for meeting the tuition obligation according to the session(s) enrolled in at the time of registration. This agreement is binding under all circumstances, including, but not limited to: withdrawal from course, moving out of area, vacation, injury or illness, or conflicts that may arise.
- E. Tuition payments must be made on time. Students will be denied access to class if the account is not paid in full by the due date.
- F. Bills will NOT be sent in the mail.
- G. A \$25.00 fee will be charged for every returned check.
- H. Students must be picked up on time. Students picked up late will be charged a fee. The late pick-up fee is \$5.00 per 15 minutes and will be billed to your account and subject to late fees.
- I. **MAKE-UP CLASSES ARE NOT PERMITTED AND MONETARY CREDIT WILL NOT BE GIVEN FOR A MISSED CLASS**
- J. Nevada Ballet Theatre has the right to dismiss any student who does not comply with our standards, codes, rules and regulations. In the event that a student is expelled from our program, Nevada Ballet Theatre is not obligated to refund tuition and fees paid by parent or guardian.
- K. Nevada Ballet Theatre reserves the right to change these policies at any time without notice.

Liability Policy

- A. Dance and participation in the Academy can be physically demanding and can result in personal injury.
- B. The Academy of Nevada Ballet Theatre is not responsible for any personal injury sustained by the student in the school or on the building premises or as the result of the student’s participation in class, rehearsal, or performance. Any injuries or illness shall be promptly reported in writing to the Administrator and/or front desk.
- C. The Academy of Nevada Ballet Theatre is not responsible for loss or theft of any personal property on its premises. Any valuables should be left at home. **DO NOT LEAVE ANY VALUABLES IN THE DRESSING ROOM.**
- D. Student and Parent/Guardian understand that the nature of dance instruction is such that it may require the instructor to have physical contact with the student as in correcting body positioning, and hereby give their consent to such contact only as it pertains to the teaching of dance.

Termination: PLEASE READ AND INITIAL THE FOLLOWING

- A. I understand this enrollment contract may be terminated by or on behalf of Student, with written notice, and will take effect at the end of a month in which classes have been taken. **X**_____
- B. I understand that this enrollment contract may be terminated by the Academy in the event Student and/or Parent/Guardian fail to meet any of his/her obligations with this enrollment contract and/or the rules and regulations of the Academy of Nevada Ballet Theatre as set forth in the student handbook. **X**_____
- C. I understand that any advanced payments made toward my account will be forfeited in the case of contract termination. **X**_____
- D. I understand that due to the strenuous curriculum, Pre Professional students are not allowed to perform with other dance schools or companies without written consent from the Academy Principal. **X**_____

STUDENT INFORMATION

Student's last name	First	Middle	Birth Date: / /	Age:
			Sex: <input type="checkbox"/> M <input type="checkbox"/> F	

Medical Conditions or Injuries we should know about:

Student's Medical Insurance Company (in case of emergency): _____ Policy #: _____

RESPONSIBLE PARTY INFORMATION

Mother's Last Name	First	Middle	Father's Last Name	First	Middle
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Street address:

City:	State:	Zip:	Home phone #	Cell phone #
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E-Mail: _____

Emergency Contact (Someone not living at same address): _____ Phone # _____

**REGISTRATION FEE AND FIRST MONTH TUITION PAYMENT IS DUE
UPON REGISTRATION, PRIOR TO TAKING CLASSES**

Tuition payments must be made on time.
Students will be denied access to class if the account is not paid in full by the due date.

Class	Day/Time	Charge
Registration Fee		\$35 (1st child) \$10 (2nd child)
Tuition Rate:	Total	
Payment Type: CS / CR / CH	Check #:	Payment

I certify to Nevada Ballet Theatre, its employees, volunteers, faculty, and staff that the named student is physically capable of participating in all activities, classes and performances of Nevada Ballet Theatre.

I hereby release, remit, acquit and otherwise hold harmless Nevada Ballet Theatre, its employees, volunteers, faculty, staff and independent contractors from and against any and all claims, suits, and causes of action for any injury, illness, property damage or loss sustained or incurred during the student's participation in the activities, classes, or performances of Nevada Ballet Theatre, arising in whole or in part from the negligence or other misconduct of any individual or entity, inclusive, but not limited to, Nevada Ballet Theatre.

I understand that I am obligated and will be held fully responsible for the full tuition amount for the student under the payment terms I have selected. I understand that if the student is withdrawn from the course for any reason, I am still liable for his/her tuition balance remaining for the month in which classes were attended.

I hereby grant permission to Nevada Ballet Theatre to transport the student to a medical doctor or hospital in case of illness or injury, and he/she may receive such treatment as deemed medically necessary by a licensed physician in the event of an emergency.

I hereby grant permission to Nevada Ballet Theatre to photograph and/or videotape the student for educational or promotional uses for the school.

I have read, understand and will comply with the above. [I have also read, understand and will comply with the rules stated in Nevada Ballet Theatre's 2011-2012 Academy Handbook.]

Print Parent/Guardian Full Name
(If Student is under age 18 or still attending high school)

Parent/Guardian Signature
(If Student is under age 18 or still attending high school)

Date