**Bonita Ballet enrollment contract**

**Dancer’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail Address (main form of communications) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_**

**How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration Fee: The registration fee is $45 for single student. The registration fee is non-refundable.**

* **If the student is enroll with automatic card payment, the $45.00 registration fee will be waived.**

**Select program for enrollment:**

**Monthly Tuition: $80.00 Number of classes per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Season Tuition: $220.00 Number of classes per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tuition:**

Tuition will be billed automatically on the first day of each month.

Monthly payments are based on an average of four (4) weeks per month during the dance year.

**Payments:**

Tuition payments can be made via check, cash, or other debit/credit card and can be automated with pre-authorized credit card billing or bank debit card. Tuition is due on the 1st of each month. A late fee of $10 will be assessed on the 5th of the month. You will be responsible for maintaining updated credit card information to avoid any late fees. Payments must be made on or before the 1st of the month. There will be a $25 service charge for any returned checks and will no longer be accepted if you have more than one returned check during the year.

You are responsible for payment for all classes that you are enrolled in, even if absent, until the Studio receives two (2) weeks written notice of withdrawal prior to the end of the month. Missed lessons cannot be used in place of payment; no adjustment or credit will be given for missed classes.

Any changes from monthly tuition or season enrollment shall also be made in writing at least 2-weeks prior to the beginning of the month. A make-up class can be requested for missed classes. You have 30 days from the missed date to complete a make-up class. We do not prorate tuition or issue refunds due to missed classes. No refunds for classes missed including scheduled holidays.





**Code of Conduct:**

Appropriate and respectful behavior must be exhibited in our studio particularly during class and rehearsals. This includes no side conversations and no cell phone usage in the classroom. Instructors reserve the right to dismiss the student from class due to misconduct and no refund shall be given.

**Indemnification:**

I hereby expressly wave and discharge all claims and agree to indemnify, defend and hold harmless Bonita Ballet Studio from any injuries incurred during classes, rehearsals, or performances. I also understand that the registration, tuition, and other applicable fees must be paid and that I will be held responsible for all fees if I withdraw from participation after registration, until written notice of withdrawal is received, as stated in Bonita Ballet Studio policies.

By my signature I acknowledge that I have read and agree to all Bonita Ballet Studio policies and dance program requirements.

I hereby authorize the Studio to charge my credit card account. I understand that a 2-weeks written notice before the beginning of the next month is required to terminate billing and I am responsible for payment whether or not my student attends classes until I notify the Studio in writing to drop my student from class(es).

Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.

I fully understand and agree to the above statements.

**Parent or Legal representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Type: □Check/Cash □Credit Card □Auto-Pay**

**Credit Card number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Media, Liability Waiver and Medical Attention Authorization**

I acknowledge that due to the nature of dance classes, Bonita Ballet Studio, or any of its officers, instructors, students, faculty, staff or independent contractors will be held accountable for any injury that might occur while in a Bonita Ballet class or Studio facility or any facility used for rehearsals or performances, whether it be caused by accident, or negligence, by any party aforementioned; and I further waive and release Bonita Ballet, its officers, instructors, faculty, staff and independent contractors from any claims arising from such injuries as well as from any actions taken in seeking medical attention in the manner detailed below. I understand that my child/I will dance at its/mine own risk.

I also hereby authorize, in the event of illness or accident, medical care without delay, which in the judgment of Bonita Ballet Studio, its officers, instructors, faculty, and staff or independent contractors, is dictated by circumstances and/or recommended by medical personnel. I also grant authorization to any emergency room facility to administer necessary medical care in the event of an accident or illness requiring such care while my child is engaged in Bonita Ballet Studio activities. I further understand that I am responsible for any and all expenses resulting from the foregoing emergency treatment and/or doctor’s care and that the Bonita Ballet Studio, its officers, instructors, faculty, staff and independent contractors will be indemnified and held harmless by the undersigned for such expenses.

 In consideration of my or my child’s participation in Bonita Ballet Studio, I hereby authorize the videotaping, photography, and recording of the dancer listed below, and/or release of /his/her name and achievements for educational, promotional, and other purposes deemed appropriate by officers of Bonita Ballet Studio. I also authorize the use of the videotape/photography and other information regarding my child in printed matter or other media for presentations by Bonita Ballet Studio without my further consent. I hereby agree that such media information shall be the sole property of Bonita Ballet Studio.

**Student's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List Any Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

