

## Class Registration Form

### Student Information

(Please Print Clearly)

**Student's Name** \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail\* \_\_\_\_\_  
 Female  Male Academic School \_\_\_\_\_ Grade \_\_\_\_\_  
(Used for car pool information, if needed)  
 Allergies, medications, and/or physical or medical conditions \_\_\_\_\_  
 Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
 Primary Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Parent #1 Name** \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail\* \_\_\_\_\_  
 Address (If Different From Above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
**Parent #2 Name** \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail\* \_\_\_\_\_  
 Address (If Different From Above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 How do you prefer to receive correspondence?  Mail  E-mail  Phone  
\*Email will be used to provide Evergreen City Ballet updates. We will NOT give or sell email addresses to outside organizations.  
**Person Responsible for Tuition** \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(If Different From Above)

**Emergency Contact Information**—please list an individual who is not one of the parents listed above  
 Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

#### Is the student:

- New Student  Trial student  Returning Student  Returning Student with change of address

If new student, how did you hear about Evergreen City Ballet? \_\_\_\_\_

For all **new students**, please list any and all previous and concurrent dance training (attach sheet if necessary).

Dates	School Name	Type of Dance and Level	Hours per week

I have read, understand and agree to the policies of Evergreen City Ballet, Inc (ECB). I hereby enroll my child/myself for the entire term and agree to follow all payment policies. I understand that I owe for the entire semester and all tuition payments are non-refundable. I agree to pay the late fees for late tuition payments and the service charge for bad checks. I give permission for ECB to take and publish photos and/or videos of my child/myself and to use such photos/videos with no fee to my child or me. I understand and agree that there is a possibility of injury in participating in dance classes, rehearsals, performances or related activities, and that I will not hold ECB, or any ECB faculty member, employee, board member or guest artist liable for any injury sustained or illness contracted while I/my child am/is a student of ECB. I exempt, release and indemnify ECB and its agents from any and all liability claims, demands, or causes of action whatsoever from any damage, loss or injury to the student, parent/ guardian, family member, or personal property which may arise out of or in connection with participation in any ECB activity.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

For office use only  
 Total Class Tuition \_\_\_\_\_ Sibling Discount ( ) \_\_\_\_\_ Military Discount ( ) \_\_\_\_\_ Scholarship \_\_\_\_\_  
 Registration Fee \_\_\_\_\_ CC Fee \_\_\_\_\_ Workshop Course \_\_\_\_\_ Total Amount Due \_\_\_\_\_  
 Payment Method:  Cash  Check # \_\_\_\_\_  Credit Card  Auto Pay (EFT on 1<sup>st</sup> of month) Last 4 digits of credit card \_\_\_\_\_

**Trial Student Questionnaire:**

Trial Date: \_\_\_\_\_ Trial Class & Time: \_\_\_\_\_ Location: \_\_\_\_\_

Did you like the class?  Yes  No      Do you plan to register?  Yes  No

Planned registration date \_\_\_\_\_

**AutoPay Information:**

AutoPay is a secure, easy and convenient way to pay your tuition on the first of the month every month until the end of the school year in June. The benefits of using AutoPay allows you to avoid a late fee of \$25. As per Evergreen City Ballet’s Tuition Policy, tuition is due on the first of each month. The grace period for payment is 10-days, meaning your account will have a late fee added to it on the 11<sup>th</sup> of each month if you do not pay in time. To avoid late fees, sign up for AutoPay today.

**Would you like to sign up for AutoPay?**  Yes  No

*If YES, please fill out and sign a separate Auto Charge Form and the Authorization Waiver below*

**AutoPay Authorization Waiver**

I/We, the undersigned parent(s) or legal custodian(s) of the student named on *this* Registration form, *authorize an employee from Evergreen City Ballet to enroll the student named with Evergreen City Ballet. We understand that by signing up for Auto-Pay, charges will come out the 1<sup>st</sup> of each month.*

I/We understand that the detached Auto Charge Form will be shredded as soon as my file is completely registered with ECB.

I/We have read and accept this *AutoPay Authorization Waiver.*

\_\_\_\_\_  
Signature of Payer

\_\_\_\_\_  
Date