



Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Email: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

You will be notified of upcoming events and information via text and email. Please be sure to check your email regularly to stay informed. Which phone number may we send these notifications to? \_\_\_\_\_

Please list any health concerns, medications, allergies etc: \_\_\_\_\_

- I do authorize emergency first aid care, to the above named student, by Ballet Rockland, or its agents and representatives in the event he/she becomes injured or ill during instructional programs or other activities either on or off premises
- I agree to be responsible for and hold harmless Rebecca Balbach, Ballet Rockland or and instructors hired by her from any claim for injury or medical expenses resulting from the students participation in dance class or other activities under his/her supervision, on and off premisses.
- I grant permission for any photo/images of the student above, without any other personal identifiers to be published as advertisement, on the school's behalf, in a safe and tasteful manner, carefully selected by Rebecca Balbach and employees of Ballet Rockland
- I understand that **tuition is not refundable under any circumstances.**
- I I have read completely, understood fully, and agree to all of the Ballet Rockland financial and other policies.
- I understand this waiver does not expire.

\_\_\_\_\_  
Student/ Guardian

\_\_\_\_\_  
Date

Student: \_\_\_\_\_

Full Year Tuition:  
 +Registration Fee:           \$15.00  
 Opening Balance

List payments below

Due on	Amount Due	Paid on
Registration Date		

**Cash                      Credit Card (including a 3% fee)                      Check                      ChasePay                      Venmo**

I, \_\_\_\_\_, agree to make payments on the above specified dates in the amount agreed upon. Should any unexpected financial struggle arise, I will keep an open line of communication with Ballet Rockland and come to an agreement that accommodates both parties. Any changes made to this agreement must be documented and signed by both parties. I understand the consequences that will be brought against me, should I not hold to this commitment, include discontinuation of services and my account may be turned over to a collection agency. I understand that tuition is not refundable under any circumstances and any unused tuition will be used to credit my account through the end of the current season but no later. I understand that a 10% late fee will be incurred if payments remain outstanding beyond 14 days past their due date and this fee is reoccurring monthly until payment is settled.

\_\_\_\_\_  
 Student/Gardian (Payor)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Ballet Rockland Administrator (Payee)

\_\_\_\_\_  
 Date