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STUDENT INFORMATION

Student Name(s)	Cell Number (if any)	Date of Birth	Age (on 8/1/18)
1			
2			
3			
4			

CONTACT INFORMATION

ADDRESS		
CITY	STATE	ZIP
MOTHER'S/GUARDIAN 1'S NAME BILLING CONTACT <input type="checkbox"/>	FATHER'S/GUARDIAN 2'S NAME BILLING CONTACT <input type="checkbox"/>	
BEST CONTACT NUMBER	BEST CONTACT NUMBER	
EMAIL ADDRESS	EMAIL ADDRESS	
OCCUPATION	OCCUPATION	

ACKNOWLEDGEMENTS

INITIAL

REGISTRATION, TUITION, & POLICIES: I have read and understand the tuition information and the policies for BE School of Dance/Ballet Etudes. I agree to abide by the terms set forth in said document.

WAIVER OF LIABILITY: I, the undersigned parent or guardian do hereby agree to allow the individual(s) named herein to participate in this activity/program and I further agree on behalf of myself and my minor child/children/ward(s) to release, indemnify, defend, and hold BE School of Dance, its agents, employees, independent contractors, and volunteers, harmless from, and against any and all liability for any injury which may be suffered arising out of, or in any way connected with, participation by the aforementioned individual(s) in this activity/program. I, on behalf of my minor child/ward, agree to participate in this activity knowing that it may involve risk of serious injury, and that accidents may occasionally occur during this activity, and thus assume any and all such associated risks. This waiver, release, and assumption of risk discharges BE School of Dance/Ballet Etudes, its agents, employees, independent contractors, and volunteers from any and all liability arising out of, or connected in any way with, participation in this activity by the individual(s) named herein. This waiver, release, and assumption of risk binds my heirs and assigns, and those of the aforementioned individual(s).

PHOTOGRAPH CONSENT (OPTIONAL): I, the undersigned parent or guardian of the individual(s) named above, hereby grant permission to BE School of Dance or its authorized agents to take photographs and/or digital images/video of the individual named above in studio sponsored activities, classes, and events. I hereby acknowledge and consent to use of the aforementioned individual's name, voice, photograph, video, and/or likeness on the BE School of Dance/Ballet Etudes website, Twitter, Instagram, Facebook, as well as all advertising, marketing, and instructional materials.

PARENT/GUARDIAN SIGNATURE:

DATE:

-----Below Sections for Studio Use Only-----

CLASS ENROLLMENT								
Description	Student 1		Student 2		Student 3		Student 4	
	Level	Day(s)	Level	Day(s)	Level	Day(s)	Level	Day(s)
Ballet Tech								
Pointe/Pre-Pointe								
Contemporary								
Modern								
Jazz								
Strength & Stretch								
Broadway Jazz								

TUITION SUMMARY								
	½-Hr. Classes	¾-Hr. Classes	1-Hr. Classes	1½-Hr. Classes		Base Tuition	Sibling Discount	Monthly Tuition
	Student 1							
Student 2							10%	
Student 3							15%	
Student 4							20%	
Additional Students							20%	

Monthly Total

PAYMENT RECORD						
Description	e-Billed	Amount Paid	Payment Date	Payment Method	Received By:	Other/Notes
Registration Fee(s)						
August						
September						
October						
November						
December						
January						
February						
March						
April						
May						