



338 Main Street, Suite 2 • Chester, NJ 07930 • 908-879-8717 • balletfortenj@gmail.com

2020-2021 REGISTRATION PRIVATE LESSON & GYROTONIC

STUDENT NAME _____ DATE _____

PRIVATE LESSON & GYROTONIC TRAINING: TUITION & POLICIES

Please review and return the completed PRIVATE LESSON & GYROTONIC Registration Form

Please deliver this form **directly to Andrea Kramer or Jaclyn Priore**, either in person OR place under the door to the office, in an envelope, clearly marked OR mailed to the studio, or via email to balletfortenj@gmail.com

Weekly time slots (appointments) will be assigned on a first-come, first-served basis. ***Note:**

Weekly time slots cannot be confirmed until the completed registration form is received.*

Upon receipt of the completed PRIVATE LESSON & GYROTONIC Registration Form, you will be contacted directly by Deb Cutler or Jaclyn Priore to schedule or confirm your dancer's weekly gyrotonic appointment(s), or private lesson(s).

- **Ballet Forte Payment & Late Fee Policy:** Everyone that registers for private training at Ballet Forte **MUST** pay by CC and are required to fill out a CC Authorization form (page 2). If we receive this registration packet without that form filled out, we will contact you immediately to let you know your child's spot will not be secured until we receive it. ***Initial _____**
- **Cancellations require a minimum of 24 hour notice. Otherwise, the parent will be charged for the Session *Initial _____**
- **Missed sessions (with proper notice), may be made up within the season ONLY. They may NOT be carried over to next year *Initial _____**
- **I understand that it is MY responsibility to contact Andrea to schedule your make-up private lessons. *Initial _____**
- **I understand that this is a seasonal commitment. If I decide to withdraw my child from the program before the end of the year, and are paid in full, I will NOT receive a refund for the portion of the year my child will not be attending. If I decide to withdraw my child from the program and are on a monthly tuition plan, I AM STILL required to pay the remainder of the year even if my child will not be attending classes. *Initial _____**



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PRIVATE LESSON / GYROTONIC PAYMENT OPTIONS

PLEASE REVIEW THE OPTIONS BELOW.

Private times are first come first serve. You are not guaranteed the time slot requested on this form

1 Hour Lesson - \$80/hr - \$304.00/month

Please circle day of private lesson below:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

TIME: _____

45 Minute Lesson - \$70/hr - \$266.00/month

Please circle day of private lesson below:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

TIME: _____

30 Minute Lesson - \$50/hr - \$190.00/month

Please circle day of private lesson below:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

TIME: _____

CREDIT CARD AUTHORIZATION

I hereby give Ballet Forte at Wings Conservatory, Inc. authorization to charge my credit

Card Type : Visa MasterCard AMEX Discover

Last 4 digits of CC Number: _____ Expiration Date: ____/____

In the amount of \$ _____ / month

For the following service(s):

Name as appears on CC: _____

Address: _____

City/State/Zip: _____

Signature _____ Date _____

The below portion of this form will be shredded after Ballet Forte enters your CC information into their system – this is for your benefit and protection.

Full CC Number: _____

CCV: _____

RELEASES

Ballet Forte at Wings Conservatory, Inc. will be referred to as BF in the following releases/policies.

LIABILITY RELEASE:

I hereby certify that my child is in normal health and capable of participating safely in BF’s programs. I will notify BF if the participant has any health problems. I am aware that dance training and the associated athletic exercises therein may place unusual stress on the body and carry with it the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume all risks and hazards incidental to the conduct of the program.

PUBLICITY RELEASE:

I hereby authorized BF to record the student’s picture and voice on photographs, films, and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films on tapes, radio or television broadcast programs. I also give my permission for BF to use and license others to use these materials in any manner or media whatsoever. BF is permitted to use these materials for publicity, advertising and sales promotion and to use the student’s name, likeness and voice and biographic or other information in connection with them. I acknowledge that no promises of compensation are made by BF for such use.

ADDITIONAL POLICIES:

I understand and accept that I will be charged my child’s tuition payment every month ***Please Initial _____**

BF is a full year program which requires a full year commitment. Tuition quoted is for a full year attendance, this includes private lessons. If my child decides to leave the program before June, I am liable for the full year tuition. ***Please Initial _____**

I understand and accept that if my child is injured, I am still responsible for their full tuition. ***Please Initial _____**

If my child misses a private lesson, it is my responsibility to contact BF to reschedule and if I need to cancel, I need to give BF at least a 24 hour notice, otherwise I will be charged for the private and no make-up lesson will occur. ***Please Initial _____**

I have read and understand the Liability/Publicity Releases and the Policies mentioned above.

Student’s Name (please print) _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature Date _____