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ACADEMY OF BALLET & PERFORMING ARTS  
DANCE PALACE School of the MYSTIC BALLET

2015/16 School Registration Form

325 MISTUXET AVENUE STONINGTON CT 06378 | 860 536.3671 | WWW.MYSTICBALLET.ORG | SCHOOL.MYSTICBALLET.ORG | INFO@MYSTICBALLET.ORG

Student:  Returning  New

STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
STREET CITY STATE ZIP

Sex:  M  F Academic School: \_\_\_\_\_ Academic Grade: \_\_\_\_\_

Previous Study other than School of Mystic Ballet: \_\_\_\_\_

PARENT INFORMATION

Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
Primary billing contact?  Primary billing contact?

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
CITY STATE ZIP CITY STATE ZIP

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Title: \_\_\_\_\_

Preferred contact email: \_\_\_\_\_

ADDITIONAL EMERGENCY CONTACT

All attempts will be made to contact the student's parents first.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

ADDITIONAL INFORMATION

1. HOW DID YOU HEAR ABOUT US?  Web  Word of Mouth  Radio  Performance  
 Newspaper Ad \_\_\_\_\_  Other : \_\_\_\_\_

2. PARENTS ARE YOU INTERESTED IN VOLUNTEERING? If YES - Please check your interests  
 In the Theater  Back Stage  Sets & Props  Costume Shop  Mailings  Fund Raising

3. MEDICAL CONCERNS: Does your child have any pre-existing allergies or medical conditions of which we should be aware?

If "Yes", please list them here: \_\_\_\_\_  Yes  No

**Withdrawal Policy:** The school year begins after Labor Day in September, and is divided into three trimesters: Fall, Winter and Spring. The start of each trimester is listed in the school calendar. Season tuition fees do not include holidays and vacations. (see the school calendar) Students enrolled in the Fall or Winter semesters, will be automatically enrolled into the following trimester/s, however, if the student is not continuing their studies, they may withdraw. Withdrawals are accepted only in writing, three weeks prior to the start of the next trimester. Informing your child's instructor is not considered a formal notification of withdrawal. WRITTEN NOTICE OF INTENT TO WITHDRAW MUST ACCOMPANY ALL WITHDRAWALS.

**Refund Policies:** Due to limitations in class enrollment, once registered, tuition is not refundable. Students who miss classes or withdraw before the end of the program or trimester are still obligated for the full program's or trimester's tuition, whether they are paying in full, or on a trimester basis or in monthly installments. There are NO REFUNDS, CREDITS, or TRANSFERS. In the case of prolonged illness or severe injury, tuition may be refunded, or transferred on a pro-rated basis, only upon a written confirmation by an appropriate doctor-specialist of the student's inability to attend classes. The registration fee is non-refundable.

Initials: \_\_\_\_\_

## TUITION AND PAYMENT INFORMATION

### TUITION PLEASE SELECT DESIRED CLASS GRADE

<b>PRE-PRIMARY</b>	<input style="width: 100%;" type="text"/>
<b>PRIMARY</b>	<input style="width: 100%;" type="text"/>
<b>GRADE 1</b>	<input style="width: 100%;" type="text"/>
<b>GRADE 2</b>	<input style="width: 100%;" type="text"/>
<b>GRADE 3</b>	<input style="width: 100%;" type="text"/>
<b>GRADE 4</b>	<input style="width: 100%;" type="text"/>
<b>GRADE 5</b>	<input style="width: 100%;" type="text"/>
<b>GRADE 6</b>	<input style="width: 100%;" type="text"/>
<b>GRADE 7 - ADVANCED</b>	<input style="width: 100%;" type="text"/>
<b>ADULT/ TEEN</b>	<input style="width: 100%;" type="text"/>

**Annual Registration Fee**

**\$30.00**

**TUITION TOTAL**

\_\_\_\_\_

**Tuition is due the 1st of each month. Payments received after the 10th of the month will be assessed late fee.**

**Additional Applicable Fees:**

Class Change Fee (Per class change)	\$20.00
Late Payment Fee (Per month / invoice)	10.00%
Returned Check Fee (Per occurrence)	\$30.00

*Please make your check or M.O. payable to Dance Palace LLC.*

### PLEASE SELECT DESIRED

#	CLASS	LEVEL	DAY	TIME
1	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
5	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
6	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
7	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
8	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
9	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

FOR YOUR CONVENIENCE WE ACCEPT

**VISA / MasterCard**

Credit Card holder name: \_\_\_\_\_

VISA/MC # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXP. DATE : \_\_\_\_ / \_\_\_\_

3 digit V- Code: \_\_\_\_\_

Please check here to select **Automatic Payment Option**. If selected, the card listed above will be automatically charged on the due date for each billing cycle, on or before the 10th of the month.

CREDIT CARD PAYMENTS WILL BE ASSESSED A NOMINAL HANDLING CHARGE

**Consent:** I/We hereby irrevocably consent to and authorize the use and reproduction by School of Mystic Ballet, Dance Palace and Mystic Ballet of any and all photographs, recordings, videotapes and/or other reproductions of likenesses of the Child's person or characteristics ("reproductions") for any purpose, whatsoever, without compensation to the Child. All reproductions shall constitute the property of Mystic Ballet, solely and completely. Further, I/We assign and release all rights to said reproductions and authorize Mystic Ballet, or others authorized by them, to exhibit, broadcast, and/or distribute or otherwise further reproduce said reproductions in whole or in part over or in any medium whatsoever, including, without implied limitation, newsletters, radio, newspapers, closed circuit television, film, cable and television, with or without compensation in perpetuity. I/We also release, discharge and agree to hold harmless the producers or any persons, or entities acting under their permission or authority from any liability arising from the use of said reproductions. By signing this form I agree to accept liability for any and all attorneys and court fees which may occur.

**Medical Consent Waiver & Liability Disclaimer:** I understand that as parent or guardian I will be contacted if medical attention is required during class time. If I cannot be reached, I hereby authorize an administrator of School of Mystic Ballet, Dance Palace to arrange for treatment as necessary. I shall indemnify, hold harmless and defend School of Mystic Ballet, and Mystic Ballet, its officers, boards, agents, servants and employees, except in cases of willful negligence or misconduct on their part against any and all claims, actions, or suits brought for damages or alleged damages, and from all liability, loss and expense, including reasonable legal expenses, resulting from any injury to person or property sustained by my child while my child is a student at Mystic Ballet or and School of Mystic Ballet - Dance Palace or while he/she is fulfilling a role in any School of Mystic Ballet, Dance Palace and Mystic Ballet production, or event in which he/she has been invited to participate, on or about School of Mystic Ballet Premises, Masahantucket Pequot Museum Auditorium, Mystic Stage or any other venue where such activity is taking place. I understand that in signing this Registration Form, I am agreeing to accept the guidelines of School of Mystic Ballet - Dance Palace and Mystic Ballet.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YOUR SIGNATURE ABOVE INDICATES THAT YOU HAVE READ AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES LISTED ON THE FIRST AND SECOND PAGE OF THIS REGISTRATION FORM: BY THE SAME SIGNATURE, ABOVE, I AUTHORIZE THE PROCESSING OF ANY CREDIT CARD CHARGES FOR ORDERS PLACED IN PERSON, OR BY PHONE.

**MAIL COMPLETED REGISTRATION FORM AND PAYMENT TO: Dance Palace School of Mystic Ballet, 325 Mistuxet Ave. Stonington CT 06378**