



REGISTRATION FORM

2015-2016 Recreational Classes

Office Only _____
enrollment date

STUDENT INFORMATION:

First Name: _____ Last Name: _____ Gender: _____
Preferred First Name (for roster): _____ Birthdate: ____/____/____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Academic School: _____ 2015-2016 Grade: _____

PARENT/GUARDIAN 1 INFORMATION:

Name: _____
Phones: Cell () _____
Home () _____
Work () _____
Email: _____

PARENT/GUARDIAN 2 INFORMATION:

Name: _____
Phones: Cell () _____
Home () _____
Work () _____
Email: _____

Student resides with (at above address): Parent/Guardian 1 Parent/Guardian 2

EMERGENCY CONTACT:

Name (other than parent/guardian): _____ Relation to Student: _____
Emergency Phone 1: () _____ Emergency Phone 2: () _____

Classes are split into two semesters, Fall and Spring. Students may enroll for just one or both.

Fall Semester: August 31 - Dec 19

Spring Semester: Jan 4 - May 10

BOLENDER CENTER

Ballet Classes (Ages 8-15)

Beginning Ballet (Ages 8-11)

Fridays 6:00-7:30
\$75/mth or \$300/sem

- Fall Semester
- Spring Semester

Beginning Ballet (Ages 12-15)

Tuesdays 6:30-8:00pm
\$75/mth or \$300/sem

- Fall Semester
- Spring Semester

Intermediate Ballet (Ages 8-15)

Mondays 7:00-8:30
\$75/mth or \$300/sem

- Fall Semester
- Spring Semester

Jazz/Tap Classes (Ages 7-11)

Beginning Jazz

Mondays 3:45-4:30
\$45/mth or \$180/sem

- Fall Semester
- Spring Semester

Jazz/Tap Combo

Thursdays 4:00-5:00
\$60/mth or \$240/sem

- Fall Semester
- Spring Semester

Beginning Tap

Mondays 6:15-7:00
\$45/mth or \$180/sem

- Fall Semester
- Spring Semester

Beginning Tap

Tuesdays 4:00-4:45
\$45/mth or \$180/sem

- Fall Semester
- Spring Semester

JOHNSON COUNTY

Jazz Class (Ages 7-11)

Beginning Jazz

Wednesdays 4:00-5:00
\$60/mth or \$240/sem

- Fall Semester
- Spring Semester

Cost:

45 Min Class
\$45 per month
\$180 per semester

60 Min Class
\$60 per month
\$240 per semester

90 Min Class
\$75 per month
\$300 per semester

SELECT PAYMENT OPTION - KCBS accepts monthly payments, semester payments, or payment in full

PAYMENT BY CREDIT CARD	
<input type="checkbox"/> Monthly Payment	Amount: _____
<input type="checkbox"/> Semester Payment	
<input type="checkbox"/> Full Academic Year (Aug 31 - May 10)	
<input type="checkbox"/> AmEx <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Cardholder Name: _____	
Credit Card Number: _____	
Exp. Date: _____ Signature: _____	
<input type="checkbox"/> I authorize the card listed to be billed automatically per the payment plan I selected above.	
<input type="checkbox"/> Please do not bill my card automatically, I will submit payment by the due date per the payment plan I selected above.	

PAYMENT BY CHECK	
<input type="checkbox"/> Monthly Payment	Check #: _____
<input type="checkbox"/> Semester Payment	Amount: _____
<input type="checkbox"/> Full Academic Year	
Enclose check made payable to: Kansas City Ballet School	

PAYMENT POLICIES:

- Monthly tuition installments are charged the 1st of each month.
- Credit/Debit Card Decline Fee is \$15.00. Returned Check Fee is \$25.00. Late payment fee is \$15.00.
- Enrollment is per semester.
- All transactions are non-refundable.

OFFICE USE ONLY: start date: _____ pro-rate: _____

How did you hear about KCBS? Please check all that apply.

Brochure Ad in _____ Website Word of Mouth Current Student Other _____

LIABILITY WAIVER AND PHOTO RELEASE

Kansas City Ballet School Recreational Classes 2015 - 2016

Please read carefully before signing. This is a release of liability and waiver of certain legal rights.

As the enrolled participant or parent/guardian of the participant, I agree and understand that dance/fitness training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including but not limited to serious physical injury. The participant hereby agrees to participate in activities of the Kansas City Ballet School (KCBS) and hereby agrees to indemnify and hold harmless KCBS, its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in activities of the KCBS. The participant also agrees to indemnify KCBS for any damages incurred arising from any claims, demand, action or course of action by the participant.

The participant authorizes any representative of KCBS to have the participant treated in any medical emergency during their participation in activities of the KCBS. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant. Any special medical/health problems of which the staff should be aware are attached to this form.

As the enrolled participant and/or the parent/legal guardian of the participant, I authorize Kansas City Ballet and/or its representative, agent, or employee to use any photograph/likeness of my minor child for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason deemed appropriate by the School Director.

I HAVE CAREFULLY READ THE ABOVE RELEASES AND SIGN WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE. ADDITIONALLY, I HAVE READ AND AGREE TO ABIDE BY ALL POLICIES AND PROCEDURES.

Student Name (please print)

Parent/Guardian Name (please print) Parent/Guardian Signature Date