

ORLANDO BALLET SCHOOL

STUDENT REGISTRATION 2011-2012

Thank you for choosing to enroll your child in Orlando Ballet School for the 2011-2012 school year. To complete your registration, please read the following information and complete the enclosed forms.

1. Fill out requested information on the front sheet of the registration form. New students must supply a birth certificate copy at time of registration. Returning students should have a copy of birth certificate on file. Enrollment track students must be the age indicated below on or before September 1 to be eligible for the class level indicated.

Class Level	Age	Date of Birth must be on or before
Dress Up & Dance	3	September 1, 2008
Creative Movement 1	4	September 1, 2007
Creative Movement 2	5	September 1, 2006
Primary	6	September 1, 2005
Preparatory and up		Placement class required

2. Select the class you want to register for from the class listing on the website or the appropriate level sheets and write that class information next to student's name on front page of registration form.
3. Fill in appropriate payment amounts in Fees Due at Registration box at bottom of registration form. This information can be found on your student's level information sheet. A school administrator can help you with this section if needed.
4. Read and sign the payment policies.
5. Fill out medical information forms and photographic release letter with signatures in all required spaces.
6. Read and sign the Family and Student Commitment Contracts. Parents of students who are too young to read and sign the commitment form should be sure to explain the commitment to their child and sign in their stead. Registration will not be confirmed until commitment forms are returned.
7. First month payment must be enclosed with completed registration form. First payment includes Registration Fee, Tuition Payment, and Showcase Fee.
8. You may include your first payment in one of the methods described in the Payment Policies. You may submit a check, automatic credit card authorization form or one-time credit card authorization. Please note: If you are choosing automatic credit card payment option, your first payment will be charged at time of registration and automatic tuition charges will begin on October 1, 2011.

Mail or hand deliver completed registration materials and payment to your school location.

Registration must include:

1. Completed registration forms (7 pages plus credit card authorization forms as required)
2. Payment in form of check, automatic or one-time Credit Card authorization

Orlando Ballet School Central
1111 N Orange Ave
Orlando, FL 32804

Orlando Ballet School South
7600 Dr. Phillips Blvd., Suite 28
Orlando, FL 32819

Orlando Ballet School Seminole
1811 West SR 434
Longwood, FL 32750

Date of Registration _____

ORLANDO BALLET SCHOOL

2011-2012 REGISTRATION FORM

1. Student Name: _____ 11/12 level & class/day _____
 female male Age: _____ Birth date: _____ Staff verify Birth Certificate: _____

List additional students in same family:

2. Student Name: _____ 11/12 level & class/day _____
 female male Age: _____ Birth date: _____ Staff verify Birth Certificate: _____

3. Student Name: _____ 11/12 level & class/day _____
 female male Age: _____ Birth date: _____ Staff verify Birth Certificate: _____

Contact information (please note that email is our primary method of communication)

Parents/Guardian Names: _____

Email Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Address: _____ City/State/Zip _____

Emergency Contact: _____ Phone _____

Would you consider volunteering your time if needed? yes no

Are you presently a Season Ticket Holder for the Orlando Ballet Professional Company? yes no

New Student How did you hear about OBS? _____

Returning Student Returning Family Last year attended: _____

How will you be paying your tuition? (Please see the payment policies on the reverse side for option details)

Annually at the time of registration with cash check credit/debit card

Semi-Annually at registration and on January 1, 2012 with cash check credit/debit card autopay

8-Payments With Autopay (enclose required form to authorize us to automatically deduct your payments)

8-Payments Without Autopay with cash check credit/debit card (this option incurs a \$5/payment processing fee)

Choice of School Location

(Please check your choice of Orlando Ballet School location)

Central 407.426.1733 x 10
1111 North Orange Ave.
Orlando, FL 32804

South 407.352.9733
7600 Dr Phillips Blvd, Suite 28,
Orlando, FL 32819

Seminole 407.834.8895
1811 West SR 434
Longwood, FL 32750

Fees Due at Registration

Registration fee (non refundable) = _____

Showcase fee (non refundable) = _____

Tuition payment = _____

Minus Family Tuition Discount: ___% (\$ _____)= _____

Total due at Registration \$ _____

Method of Payment

check # _____ charge my credit card (enclose form
or present card at school when hand
delivering registration)

exact cash amount

ORLANDO BALLET SCHOOL

2011-2012 PAYMENT POLICIES

POLICIES:

1. Payment at the time of registration must include Registration Fee, Tuition Payment, and Showcase Fee.
2. Registration and Showcase fees must be paid in full at the time of registration and are **not refundable or transferable**.
3. Showcase fees include:
 - a. For Dress Up & Dance: showcase costume and t-shirt
 - b. For CMI, CMII, & Primary: showcase costume, t-shirt, and DVD
 - c. For Professional Track: showcase attire, t-shirt, DVD, and cast party
4. Tuition may be paid annually, semi-annually, or in 8 installments. These payment options are detailed below.
5. Monthly payments are due on the first of each month. OBS does not issue monthly statements—you are responsible for paying your monthly tuition by the first of each month.
6. A late fee of \$15.00 will be charged to all payments received after the 10th of the month.
7. If a credit card charge is declined, a \$15.00 processing fee will be charged.
8. If a check is returned due to insufficient funds, a \$25.00 non-sufficient funds (NSF) fee will be charged. NSF fees must be paid for with cash, credit card, or money order.
9. If payment is not made in full by the end of a month, student may not attend class until balance is paid in full.
10. Tuition is non-refundable. There are no refunds for missed classes and no discounts for partial class participation. In cases of severe physical injury, tuition may be credited toward future OBS classes (medical documentation is required).
11. Parents are responsible for all payments until a drop form is submitted and signed by school administrator.
12. Balance and account inquiries should be directed to the accounts receivable coordinator at 407.426.1733 x 14.

*TUITION PAYMENT OPTIONS:

Tuition fees may be paid in one of the following ways:

Annually: The yearly tuition amount is paid in-full at the time of registration. Payment may be in the form of cash, check, or credit/debit card.

Semi-Annually: Half of the yearly tuition amount is paid at the time of registration with the other half due on January 1, 2011. Payment may be in the form of cash, check, or credit/debit card. We encourage you to utilize the autopay option for the January 1 payment. If you choose not to use autopay, please realize that Orlando Ballet School does not send invoices—you are responsible to pay fees by the 1st of each month. **A late fee of \$15.00 is charged on all payments received after the 10th of the month. NO EXCEPTIONS!**

8-Payment With Autopay Option: The yearly tuition amount is divided into eight equal payments and charged automatically to the credit/debit card of your choosing, with one payment charged at the time of registration and then October 1, November 1, December 1, January 1, February 1, March 1, & April 1.

8-Payment Without Autopay Option: The yearly tuition amount is divided into eight equal payments and a \$5 processing fee is added to each payment. The first payment is due at the time of registration and then subsequent payments are due on October 1, November 1, December 1, January 1, February 1, March 1, & April 1. Payment may be in the form of cash, check, or credit/debit card. Orlando Ballet School does not send invoices—you are responsible to pay fees by the 1st of each month. **A late fee of \$15.00 is charged on all payments received after the 10th of the month. NO EXCEPTIONS!**

Family Discounts*

Family discounts apply to regular tuition only

2 children: 5% discount

3 children: 10% discount

4 children: 15% discount

*Discounts are applicable to regular tuition only. Discounts do not apply to registration, showcase, performance, or intensive fees.

The Orlando Ballet School is a professional ballet school. We do not offer day care or after school care. Students are to be dropped off/picked up within 15 minutes of the start/end of each class or rehearsal. Students who are dropped off early or left late will be charged \$10 per 15 minutes (or fraction thereof).

I _____ have read and understand the OBS payment policies outlined above and
Parent/Guardian Name

agree to abide by these policies.

Parent/Guardian Signature

Date

ORLANDO BALLET SCHOOL

MEDICAL INFORMATION

Student's Name: _____ Age _____

General Health of Student: Good Fair Poor

I give OBS permission to give Tylenol/Advil, at their discretion, for acute pain not relieved by non-medical means.

Tylenol _____ Advil _____ Tylenol or Advil _____ None _____

Does student have any known allergies (foods, medicines, insect stings)? Yes No

If yes, please list allergies and recommend treatment: _____

Does student have asthma? Yes No

If yes, what is the recommended treatment? _____

Does student have any chronic or severe illnesses, injuries, or recent surgeries? Yes No

If yes, please explain: _____

Does student require any special attention due to health problems? Yes No

If yes, please explain: _____

Does the student use hearing or vision aids? Yes No

If yes, please explain: _____

Does student have any disabilities? Yes No

If yes, please explain: _____

Has student ever had seizures? Yes No

If yes, please explain: _____

Does student currently take any prescription or non-prescription medications, pills (other than vitamins), or use an inhaler? Yes No

If yes, please list medications: _____

List any other medical conditions we should know about: _____

My child is covered under the following insurance plan: _____

Name of Primary Insured: _____ Relationship to Student _____

Medical Insurance and Group Number: _____

ORLANDO BALLET SCHOOL

CONSENT TO MEDICAL TREATMENT

In an emergency, when parental permission is not available, I hereby give my permission for a staff member of Orlando Ballet to consent to medical treatment for our child and/or ward.

Printed name of Child or Ward

Level

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

LIABILITY WAIVER

I am aware that dance and the nature of the training and performing associated with Orlando Ballet School place unusual stress on the body and carry with them the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that Orlando Ballet, Orlando Ballet School, and the staff of this institution shall not be liable in any way for injuries sustained during attendance in classes, rehearsals, or any related functions.

It is also understood that dance instruction involves kinetic corrections that may include physically touching a student as part of regular class work and rehearsals. Parents or students with any concerns should speak with their instructors before class.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

ORLANDO BALLET SCHOOL

2011-2012 STUDENT COMMITMENT CONTRACT

- I will be in class, with the proper attire (dress code and hair, no jewelry, only stud earrings accepted), warmed up, and focused before class begins. I will take sole responsibility for being on time to all classes, rehearsals and performances.
- I will come to class prepared. This includes completing any outside class assignments and attending all rehearsals.
- I will be focused throughout class, apply corrections and follow directions.
- I will commit to daily improvements in my work.
- I will take responsibility for, and contribute to, the success of each class.
- I will be persistent. I will strive for consistency in my class work by accepting setbacks and refocusing my energies.
- I will attend performances of Orlando Ballet and broaden my understanding of the arts as a whole.
- I will maintain a mature attitude in dealing with problems by describing the problem clearly, offering potential solutions and remaining open to suggestions.
- I will respect the judgment of the faculty regarding my progress in the curriculum.
- I will respect the facility around me, and take responsibility for lost or damaged property, as well as clean up after myself at all times.
- I will practice good behavior in and out of the classroom, and remember that this is a School and NOT a playground.
- I will exercise common sense in all my activities at Orlando Ballet School.
- I will only eat and drink in designated areas; only water is allowed in closed containers in the studios. No food is allowed on the stairways or hallways, only in the designated areas.
- I will be respectful of different viewpoints, cultures and lifestyles.
- I will be supportive of my peers and participate fully for the duration of each class. I will maintain a consistently respectful attitude toward my class, my peers, my instructor, Orlando Ballet School administrators and the faculty at all times.
- I understand that Orlando Ballet School prohibits acts of harassment or bullying. Harassment or bullying, like other disruptive or violent behaviors, is conduct that disrupts both a student's ability to learn and the school's ability to educate its students in a safe environment. All students are expected to demonstrate appropriate behavior and treat others with civility and respect at all times.
- I understand that theft, vandalism, use of alcohol, tobacco or drugs, inappropriate language and behavior are grounds for immediate dismissal from the program at any Orlando Ballet School location.

Print Student Name

Level

Student Signature (or Parent signature if child is too young)

Date

ORLANDO BALLET SCHOOL

2011-2012 FAMILY COMMITMENT CONTRACT

- I will support my child in his or her efforts in attending Orlando Ballet School by ensuring punctual transportation for my child, supporting classroom methodology, and respecting the relationship between my child and his/her instructor.
- I will be aware of my child's other activities and plan accordingly. I understand that my child may be dismissed from the classical ballet training program at OBS if he or she has unexcused and/or excessive absences.
- Before sessions begin, I will notify OBS of any anticipated absences in writing.
- I will be aware of all OBS calendars, schedules and policies (including helping my child be correctly dressed in proper attire and hair for class), and be responsible for my child's consistent participation in all scheduled events.
- I understand that students are NOT to be dropped off more than fifteen minutes before class starting time, and that all students D&D thru Level 2 must be walked into the building to the Central 3rd floor Break Room, South Lobby, or Seminole Lobby.
- I also understand that a fee will be charged for any student not picked within 15 minutes after his/her class ends.
- I realize that I (parent/caregiver) am not to leave the school facility during class time if my child is unable to manage bathroom duties alone.
- I will respect the judgment of the OBS faculty regarding my child's progress in the program.
- I understand that students are notified 2x per year of progress and class level placement for the following year. Level placement is reviewed again in August, subject to the student's summer progress.
- I understand that enrollment in the program will not be automatically renewed from year to year to the next level. The decision to retain or advance a student will be made with careful consideration by the Director and faculty.
- I will maintain a mature attitude in dealing with problems by stating the problem clearly, offering potential solutions and remaining open to suggestions.
- I will be respectful of different viewpoints, cultures and lifestyles.
- I will be sure my child is aware of all Orlando Ballet School policies and the behavior that is expected of him/her while at Orlando Ballet School.

Print Student Name

Level

Parent Signature

Date

ORLANDO BALLET SCHOOL

PHOTOGRAPHIC RELEASE

Please check one of the following and sign below:

I hereby grant to Orlando Ballet, and their respective licensees, successors and assigns, the right and permission, with respect to photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed matter in connection therewith, to do the following:

1. To include such photographs in all media, and in advertising, publicity and promotion thereof.
2. To use my name or the name of the minor on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless Orlando Ballet and their respective heirs, legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

I do not grant to Orlando Ballet, and their respective licensees, successors and assigns, the right and permission, with respect to photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed matter in connection therewith, to do the following:

1. To include such photographs in all media, and in advertising, publicity and promotion thereof.
2. To use my name or the name of the minor on whose behalf I am signing, in connection with the foregoing.

Print Name of Student

OBS Location

Level

I hereby certify that I am the Parent and/or guardian of _____,
a minor under the age of eighteen years and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this photographic release, including, without limitation, the release, discharge and hold harmless provisions thereof.

Signature of Parent or Guardian of Student

Date

Print Name

Contact phone number

ORLANDO BALLET SCHOOL

Credit Card Automatic Charge Authorization 2011-2012 School Year

Use this form to charge first payment and to authorize Orlando Ballet School to automatically charge tuition to your credit card each month

Student's Name _____ Level _____

Parent/Guardian Name _____

Amount of first payment: _____ One time fee (registration fee, first month tuition, and recital fee)

The following charges will be automatically charged on the following dates:

At Registration: \$ _____ January 1, 2012: \$ _____

October 1, 2011: \$ _____ February 1, 2012: \$ _____

November 1, 2011: \$ _____ March 1, 2012: \$ _____

December 1, 2011: \$ _____ April 1, 2012: \$ _____

American Express _____ - _____ - _____ Exp. Date _____*

Master Card _____ - _____ - _____ Exp. Date _____*

Visa _____ - _____ - _____ Exp. Date _____*

Discover _____ - _____ - _____ Exp. Date _____*

*expiration date must be after April 30, 2012

I authorize Orlando Ballet School to charge the above credit card for the first the amounts indicated above.

Signature of Cardholder _____

Please Print Your Name _____

Phone # _____ Billing Zip Code _____

Please keep this section for your records

My American Express/Visa/MC/Discover will be automatically charged for my child's tuition at the Orlando Ballet School for the following amounts on the dates indicated:

At Registration: \$ _____ January 1, 2012: \$ _____

October 1, 2011: \$ _____ February 1, 2012: \$ _____

November 1, 2011: \$ _____ March 1, 2012: \$ _____

December 1, 2011: \$ _____ April 1, 2012: \$ _____

Updated 7/5/2011

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One Time Credit Card Authorization 2011-2012 School Year

Use this form to authorize Orlando Ballet to charge your credit card one time for the amount noted below

Student's Name _____ Level _____

Parent/Guardian Name _____

Amount of payment: _____ Date of Charge: _____

Reason for charge: _____

American Express _____ - _____ - _____ Exp. Date _____*

Master Card _____ - _____ - _____ - _____ Exp. Date _____*

Visa _____ - _____ - _____ - _____ Exp. Date _____*

Discover _____ - _____ - _____ - _____ Exp. Date _____*

*expiration date must be after April 30, 2012

I authorize Orlando Ballet School to charge the above credit card for the amounts indicated above. This is a one time charge.

Signature of Cardholder _____

Please Print Your Name _____

Phone # _____ Billing Zip Code _____

Please keep this section for your records

My American Express / Visa / MC / Discover has been charged for tuition and registration/showcase fees at the Orlando Ballet School.

Amount of Charge \$ _____ Date: _____