



Celebrating 30 years of dance!

7609 Steilacoom Blvd SW Suite 200
Lakewood, WA 98498
(253) 302-4172
admin@wcbdance.org
www.wcbdance.org

REGISTRATION	Year _____	First Semester ____	Second Semester ____	Date / /
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Please complete both sides of this form, sign, date and enclose payment to ensure class placement

Student's Name _____	Age _____	Birth Date _____
Home Address _____	Home Phone _____	
City/State/Zip _____	Student's E-mail _____	
Please detail any accommodation required by the student _____	Student's Academic School _____	Grade _____
Years of dance study _____	Type of dance _____	Previous Dance Instructors _____

Father's Name _____ Mother's Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____ E-mail _____

Employer/Profession _____ Employer/Profession _____

Does your employer(s) participate in Community Funds, Employer Matching Donation or Community Service programs? Yes ____ No ____

Adult responsible for paying tuition (signature required on back page):

Name _____ Relationship if not Parent _____ Phone Number _____

Address _____ City/State/Zip _____

If parent is unavailable, person to contact in event of emergency:

Name _____ Phone Number _____

Address _____ City/State/Zip _____ Relationship to student _____

Preferred Medical Provider _____

Registration Fee is required with form; see Fee schedule.

To enroll, check all classes and indicate levels below:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Creative Movement 1 2 | <input type="checkbox"/> Jazz Pre 1 2 |
| <input type="checkbox"/> Pre Ballet 1 2 | <input type="checkbox"/> Tap Pre 1 2 |
| <input type="checkbox"/> Ballet Level _____ | <input type="checkbox"/> Hip Hop 1 2 |
| <input type="checkbox"/> Pointe Beg Adv | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Flamenco Beg Int/Adv | <input type="checkbox"/> Other: _____ |

Please make checks payable to: **Washington Contemporary Ballet**

<u>Payment</u>	
Payment in full _____	Monthly Instalments _____
Non-Refundable Registration Fee: \$25	
Tuition Amount: \$ _____	
Received ____/____/____	Amount Enclosed: \$ _____
Check # _____	CC _____

Tuition Policies

Tuition Policies for Washington Contemporary Ballet School must be read and agreed to upon acceptance into the School.

1. Enrollment into the school is on a semester/session basis only.
2. Tuition may be paid in equal monthly installments only upon approval by the WCBS office. Each semester consists of 18 weeks with semester tuition divided into 5 equal monthly installments due the first day of each month.
3. WCBS does not send out monthly invoices. Installments payments are due the first day of each month. A \$20.00 late fee is assessed for installments received after the 5th day of the month.
4. Students who miss classes or who withdraw before the end of the semester/session are obligated to pay the full semester/session's tuition.
5. No refunds are issued for missed classes, even due to illness.
6. Make-up classes are available to students enrolled in the semester/session program. Make-up classes are not offered during Visitors Days.
7. A placement class fee is collected for students auditioning into the school.
8. A non-refundable Registration Fee is due prior to the first day of Fall Semester classes.
9. Upon payment of registration fee and class placement assignment, the student has "purchased" a place in the school and only written notice prior to the commencement of that semester/session will eliminate tuition obligation.
10. Student owes the entire semester/session tuition unless:
 - a) Withdrawal from class prior to commencement date of the semester/session.
 - b) Withdrawal is due to prolonged illness or injury and is certified by a doctor's written statement. The last payment due is the full monthly installment for the month in which written notification of withdrawal and doctor's statement is received.
 - c) Student relocates outside of commuting distance from WCBS. In this case, the office needs a 30-day written notice of intention to withdraw. The last payment due is the full monthly installment for the month at the end of the 30-day notice or last class attended, whichever is later.
11. Students with accounts more than 2 months in arrears during the semester/session will not be admitted to class.
12. All accounts must be paid in full within 20 days of the close of each semester/session.
13. Accounts delinquent over 40 days are sent to an agency for collection with applicable fees.
14. A \$20.00 fee is due for returned checks.
15. If a class is cancelled due to lack of enrollment, WCBS will allow transfer to another appropriate class or release the student from tuition obligation.
16. The school will be open for 15 minutes after the last class or rehearsal of the day and the dancers must be picked up by an authorized person by that time. If the school must be kept open after that time to ensure a dancer's safety a \$2.00 per minute fee is billed to the student account.

Tuition Policies Acceptance

I have read and I accept the policies as listed above. I understand that I am responsible for the full tuition due for the semester/session for which I am registering and with WCBS's permission I may pay the full semester tuition in equal monthly installments.

Signature of Person Responsible for Paying Tuition Date

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Releases and Authorizations

I waive all rights and release all claims that might be had against the Washington Contemporary Ballet School, henceforth referred to as the School, its hired or contracted instructors, and their employees and agents, for any and all injuries or losses which may be suffered because of my participation or my child/children's participation in any or all enrolled activities with the school, in consideration of permission of the school to participate in the activities. I also realize that dance requires hands-on instruction for proper body placement and development of the muscles.

Release of Image and Information

I give my permission to have my photograph or the photograph of my child/children, taken during activities, used for publicity purposes by the school. I consent to the use of my name, image, or voice, of those of my child/children, in any publicity contracted or used by the school. I give my permission to have my name, name of my child/children and address to be published in a school directory; phone numbers will be published with your permission.

Emergency Treatment Authorization

I consent to my child/children's participation in activities/programs registered for, and authorize the school and its employees or agents to provide or secure emergency medical treatment for me or my child/children on my behalf.

Authorized Signature of Parent/Guardian/Adult Student Date

Demographic Information

This questionnaire is optional and to be used for grant applications and funding sources only. Demographic data is kept strictly confidential.

Information about the Dancer:

Gender & Age:

- Female Male
 3-5 6-8 9-12 13-15 16-17 18+

How many years of dance training?

- 1-2 3-4 4-5 6+

Ethnicity:

- Black Asian Caucasian Hispanic
 Native American Pacific Islander Multiple
 Other _____

Who first suggested dance classes for your child?

- Mother Father Friend Other _____

How did you hear about the Washington Contemporary Ballet School?

- Friend Facebook Website Walk-in
 Discount Offer Attended a Performance or Event
 Other _____

Information About Dancer's Family:

Location of Residence:

- Lakewood Tacoma Steilacoom DuPont
 Spanaway Other _____

Annual Household Income:

- Single Income Dual Income
 Less than \$25,000
 \$25,000-50,000
 \$50,000-75,000
 \$75,000-100,000
 \$100,000-150,000 \$150,000+

Is the family associated with a local military base?

- No Yes, _____

Please take time to share your thoughts about WCBS on another sheet of paper. We appreciate hearing your comments and suggestions.

