



7609 Steilacoom Blvd SW  
Suite 200  
Lakewood, WA 98498

Phone (253) 302-4172  
admin@wcbdance.org  
www.wcbdance.org

REGISTRATION Year \_\_\_\_\_  First Semester  Second Semester Date / /

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 \_\_\_\_\_  same as student Address \_\_\_\_\_  same as student  
 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:**

- Creative Movement 1 2  Jazz Level Beg Int Adv
- Angelina Ballerina 1 2  Modern Level Beg Int Adv
- Pre Ballet 1 2  Tap Level Beg Int Adv
- Ballet Level \_\_\_\_\_  Adaptive Dance 1 2
- Pointe Beg Adv  \_\_\_\_\_
- Flamenco Beg Int/Adv  \_\_\_\_\_
- Hip Hop Beg Int/Adv  \_\_\_\_\_

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

<i>Payment</i>	
<input type="checkbox"/> Payment in Full	<input type="checkbox"/> Monthly Installments
Non-Refundable Registration Fee \$ 25.00	
Tuition Amount \$ _____	
Received ____/____/____	Total Enclosed \$ _____
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card

## 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

### Release of Liability

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.