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Fall 2008 Registration
Please complete both sides of this form, sign, date and enclose payment to ensure class placement

Students Name	Age	Birth date	Date
Home Address	Home Phone		
City/State/Zip	Email Address		
Does this student have any special handicaps or needs that WCBS should be aware of or meet?			
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
Employer	Employer
Profession	Profession

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

Name	Phone Number
Address	City/State/Zip

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

Name	Phone number
Address	Relationship to student
City/State/Zip	

Preferred Medical Provider _____

Please indicate which division students is registering for

- Ballet Level _____
- Tap Level _____
- Jazz Level _____
- Modern Level _____
- Pointe Level _____
- Flamenco Level _____
- Other _____

Payment Method

- Payment in Full Monthly Installments

Enter amounts for applicable items and enclose a payment.

The registration and Insurance fee is required with application.

Non-Refundable Registration fee	_____ Required
Annual Insurance fee	_____ Required
Tuition Amount	_____
Total Enclosed	_____

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's/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 or 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. To the best of my medical knowledge, neither I nor my child/children has a physical or other condition which would interfere with participation in the school's program.

Authorized Signature of Parent/Guardian/Adult Student Date

Tuition Policies

To eliminate any possible misunderstandings about WCB's Tuition Policies, the following must be read and signed prior to acceptance into the School.

- Enrollment into the school is on a semester/session basis only.
- Tuition may be paid in equal monthly installments only upon approval by the WCBS office.
- WCBS does not send out monthly billings. Installments are due the first day of each month. A \$20.00 late fee will be charged to any installments not received by the 5th day of the month.
- Students who miss classes or who withdraw before the end of the semester/session are still obligated to pay the full semester/session's tuition.
- There is no refund for missed classes, even due to illness.
- Only students enrolled in the semester/session program who have missed class due to illness are eligible for make-up classes. There can be no make-up classes during Visitor's Days.
- No open or monthly classes in the Children's/Intermediate/Advanced division of the school.
- A placement class fee will be charged for any student auditioning into the school.
- Each semester equals 18 weeks, divided into 5 equal monthly installments due the first day of each month.
- There is a registration fee which is due prior to the first day of class of each semester/session. This is a non-refundable fee. The insurance premium is non-refundable once the semester/session has begun.
- Once registration is received and a class placement sent out, 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.
- Students owe the entire semester/session tuition unless:
 - A. They withdraw from class prior to commencement date of the semester or session, whichever applies.
 - B. Their withdrawal is due to prolonged illness or injury and to be certified by a doctor written statement. The last payment is then the full monthly installment for the month in which written notification of withdrawal along with the doctor's certificate is received.
 - C. They relocate outside of commuting distance from WCBS. In this case, the office needs a 30-day written notice of intention to withdraw. The last payment is then the full monthly installment for the month in which the student last attends class.

- Students with accounts more than 2 months in arrears during the semester/session will not be admitted to class.
- All accounts must be paid in full within 20 days of the close of each semester/session.
- An account delinquent over 40 days will be sent to an agency for collection with applicable charges.
- There is a \$20.00 charge on any returned checks.
- 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
- 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, there will be a \$1.00 per minute charge to be billed to the person responsible for payment.

Tuition Policies Acceptance

I have read and I accept the policies explained in the school's brochure and on this sheet. I understand that I am responsible for the full tuition due for the semester/session I am registering for, and that with WCBS's permission I may pay the full semester tuition in equal monthly installments.

Signature of Person Responsible for Paying Tuition Date

Questionnaire

This questionnaire is optional; however, if you do complete it the data that you supply will be used in grant applications and will be kept strictly confidential.

Information About the Dancer

Gender & Age

- Male Female
- 3-4 5-6 7-8 9-10 11-13 13+
- How many years of dance training?
- 1-2 3-4 3-4 5+

Ethnicity

- African American Asian-American Caucasian
- Hispanic Native American Other _____

Does your dancer take advantage of the extracurricular activities offered by the school? If yes, which ones? If no, explain why?

Who first suggested dance classes for your child?

- Mother Father Child Friend Other _____

How did you hear about the Washington Contemporary Ballet School?

- Friend Yellow Pages Walk-in
- Saw a performance Other _____

Information About Dancer's Family

Location of Residence

- Lakewood Puyallup Spanaway
- Tacoma Other _____

Annual Household Income

- Single Income 20,000-30,000
- Double Income 30,000-40,000 50,000+
- 10,000-20,000 40,000-50,000

Is the family associated with a local military base?

- No Yes Which one? _____

Please take time to share your thoughts about WCBS on another sheet of paper, we appreciate hearing your comments and suggestions. Thank you for your cooperation.