



STUDENT REGISTRATION FORM

Name of Student: _____ Age: _____ Birthdate: __/__/__ Gender: M F

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Does your child have any medical condition(s) that his/her teacher should be aware of? Y N

If yes, please explain:

Primary Email Address*: _____

Secondary Email Address: _____

***Please print clearly – Southwest Ballet Theatre uses e-mail as a primary method of communication.**

Primary Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

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Home Phone: _____ Cell Phone: _____



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TUITION PAYMENT OPTIONS

Southwest Ballet Theatre is a 501(c)(3) nonprofit. We strive to operate in the most efficient and effective way possible, relying on volunteers, grants, donations, ticket sales, and ballet tuition to meet our budget. We respectfully request that when enrolling your student at Southwest Ballet Theatre you commit him/her to the full school year. We understand if your situation changes and a withdrawal must occur but we hope we can count on your participation during the entire school year.

See below for withdrawal policy. Please initial each section to note you have read and understand the policies.

CREDIT CARD - The tuition will be divided into monthly installments.* August and December will be prorated. The first payment is due upon receipt of registration and will include the registration fee. The following payments will be due on the first (1st) of each month. A credit/debit card is required to be on file if you select this payment option.** If the card provided declines, a \$10.00 fee will be assessed and will be due along with the installment. If payment is not provided by the first (1st) of the month, a \$10.00 late fee will be assessed and will be due along with the installment. **Initial**

CASH/CHECK - A 2.5% discount will be applied to cash and check payments. The tuition will be divided into monthly installments.* August and December will be prorated. The payment is due upon receipt of registration and will include the registration fee. The following payments will be due on the 15th of the prior month (ex. October payments are due September 15th). If payment is not provided by the 15th of the month, a \$10.00 late fee will be assessed and will be due along with the installment.

Initial

If more than one child is enrolled you will receive a sibling discount of 10% discount on the highest level of tuition. **Initial**

*Monthly Tuition is based on an average 3-4 weeks per month. Because of certain holiday breaks, in some months a weekly class may only meet 3 times and other months will have 4. Should you sign up in the middle of the month, tuition will be pro-rated depending on how many weeks are left in the month.

** It is your responsibility to notify Southwest Ballet Theatre if your card number has changed. ___Initial

WITHDRAWAL POLICY

Tuition is non-refundable. A notice of withdrawal must be received by the 15th of the month in order to not be charged for the next month's classes. A parent/guardian must officially withdraw the student by written notice submitted to:

Southwest Ballet Theatre, 5115 N. Dysart Road #202-189, Litchfield Park, AZ 85340 or by email notification to admin@swbtballet.org.

- Withdrawal requests may not be made by telephone.
- Failure to attend classes does not constitute official withdrawal.
- Notification to the instructor does not constitute official withdrawal.
- Installment Plan Payments will continue to be charged until written notice is received and the qualifications have been met.
- Registration fees are nonrefundable

___Initial



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Type of Payment/Card: Cash Check MC Visa AMEX DISC

Card Number: _____ Expiration: ____/____/____ CVV: _____

Name of Cardholder (print): _____ Billing Zip Code: _____

Credit/Debit Card Authorization: I have read and agree to the above "Tuition Payment Options".

I, _____, authorize Southwest Ballet Theatre to charge my credit card above for agreed upon tuition and fees. I understand that my information will be save to file for future transactions on my account. You may cancel this authorization at any time by contact us. This authorization will remain in effect until canceled.

I understand the cancellation policy as outlined on the registration forms.

Signature: _____

For Office Use Only:

Tuition Amt.: _____ Reg. Fee: _____ Discounts: _____ Total: _____

PD \$ _____ CA CK # _____ AMEX VISA MC DSC

Rcvd by: _____ Date Rcvd: ____/____/____

Conf email sent: ____ Date email sent: _____ Attendance: ____ Email List: _____