

Registration Form

Student Name: _____

Birth Date: _____ Age _____
month/day/year

Race/Ethnicity: _____ Circle One: Male Female

Parent/Guardian #1 Name:

Last First MI

Address: _____

City/State _____ Zip _____ Ward _____

Primary Tel# _____

Cell# _____ Work# _____

Email _____

Parent/Guardian #2 Name:

Last First MI

Address: _____

City/State _____ Zip _____ Ward _____

Primary Tel# _____

Cell# _____ Work# _____

Emergency Contacts/Relationship/Phone:

1) _____

2) _____

Person(s) authorized to pick up your child

1) _____
Last First MI

2) _____
Last First MI

MEDICAL INFORMATION

Known Allergies/Food Allergies

Dietary Restrictions

Vegetarian? Yes No

Medication/Instructions

Physical limitations? Yes No

If yes, please explain

TUITION

1. Turn in original completed Application Form, Supplement Forms, and Registration Fee.
2. **ACCOUNTS MUST REMAIN IN GOOD STANDING PER THE TERMS OF YOUR PAYMENT PLAN.** Valid card information must be kept on file for recurring payments through the Parent Portal. Please visit the Parent Portal to update your card information and to make payments. **Accounts must be in good standing to register for future semester.**
3. Forms of payment: cash, check, money order, debit or credit card.

MEDIA AUTHORIZATION

I give The Washington Ballet@THEARC permission to take pictures of/videotape my child during class time and performances. These pictures will be used for promotional and archival purposes only.

Print name Signature

Payment group –A B C D E F G H I J K L
 LEVEL: _____
 DO NOT FILL IN OFFICE PERSONNEL ONLY

INCOME ASSESSMENT

The Washington Ballet SE Campus strives to make our programs more accessible to a broader range of people. Our fee structure is based on annual household income and family size. **Please fill out the information below so that we may assess your need.**

The Washington Ballet SE Campus requires families to provide documentation supporting the information on this Income Assessment in order to receive financial aid. This documentation consists of a copy of a tax return or government assistance letter for each household income earner. **Without support documentation, we are unable to award financial aid and students will automatically be charged full tuition.**

Parent Name: _____

Student Name: _____

Address: _____

City _____ State _____ Zip _____

Number of Children _____

Number of Adults _____

TOTAL PEOPLE IN HOUSEHOLD: _____

INCOME VERIFICATION DOCUMENT REQUIRED:

A copy of tax return or government assistance letter for each household income earner.

Please check the income level that your household makes before taxes for contributing adults' income. This information is confidential and will not be shared with anyone outside the Washington Ballet.

Annual Income	√		Annual Income	√
Under \$14,000			\$70,000 - \$74,000	
\$15,000 - \$19,000			\$75,000 - \$79,000	
\$20,000 - \$24,000			\$80,000 - \$84,000	
\$25,000 - \$29,000			\$85,000 - \$89,000	
\$30,000 - \$34,000			\$90,000 - \$94,000	
\$35,000 - \$39,000			\$95,000 - \$99,000	
\$40,000 - \$44,000			\$100,000 - \$124,000	
\$45,000 - \$49,000			\$125,000 - \$149,000	
\$50,000 - \$54,000			\$150,000 - \$174,000	
\$55,000 - \$59,000			\$175,000 - \$199,000	
\$60,000 - \$64,000			\$200,000 - \$224,000	
\$65,000 - \$69,000			\$225,000 & up	

PARENT/STUDENT CONTRACT -- 2020-21 School Year

1. **The parent/guardian is obligated to pay entire tuition fee, without deduction or refund, after the school year has begun. If a student is unable to attend, withdraws, is dismissed for any cause, or fails to attend classes, there is no refund or recompense.** \$30 late fees are assessed to accounts when payment is not received by specified billing date. No refunds will be made for unattended classes. No make-up classes available. PLEASE NOTE: The School reserves the right to suspend a student from class, rehearsals, programs, and/or performances for failure to pay tuition.
2. I authorize The Washington Ballet and my financial institution to initiate the recurring transactions detailed in my payment plan. I acknowledge that the origination of debit or credit transactions to my account must comply with the provisions of local laws. This recurring authorization is to remain in full force and effect until the indicated date/s or until The Washington Ballet has received written notification from you, of its termination in such time as to afford The Washington Ballet and your financial institution a reasonable opportunity to act on it.
3. Admission is granted by audition and is based on applicant's interest, physical aptitude, coordination and participation in the class.
4. Classes attendance is mandatory to ensure proper progression through the curriculum. If your dancer will miss class due to illness, family emergency, or any other reason, please contact Ms. Kayla DeShields, SE Campus School Manager at kdeshields@washingtonballet.org.
5. **Required uniforms will be worn in all classes.** Female students must have hair pulled back from the face and secured in a neat bun. Scarves, head-wraps, beads, etc. are not allowed. Watches and jewelry will be removed before class. Small post earrings are fine. Please refer to the *Uniform Requirements* for your level and class.
6. **Dancers will be on time for class.** Tardiness disrupts the class for other students and the instructor. It is recommended to arrive 5-10 minutes early to dress and prepare for class. For virtual and in person classes, students who are more than ten minutes late may be asked to sit and observe class as missing the initial warm-up exercises may result in injury. Dancers are to observe and take notes for the duration of the class.
7. Dancers will prepare their dance space appropriately for safe and proper execution to include barres/chairs for holding and mats or Marley flooring as needed pointe work. Please refer to the resource guides provided for at-home space set up.
8. The School reserves the right to dismiss any student from any class or classes, where the administration regards it advisable to do so in the interest of other students and/or the school.
9. Please notify The Washington School of Ballet of any physical or psychological disability. Please make us aware of any medications that your dancer is currently taking as per the registration form. This information aids us in effective instruction and will be kept confidential.
10. The Washington Ballet, Inc. (Washington School of Ballet, a non-profit organization) does not discriminate against applicants or students on the basis of race, color, national or ethnic background, religion, sexual orientation, or any other characteristic protected by law.
11. As guardian, I give The Washington School of Ballet permission to take pictures, videotape and/or record my child during class time, performances and other special events. Media gathered will be used for promotional and archival purposes only.

In signing this agreement as the guardian of _____, I am stating that I have read the school policies and contracts, and agree to adhere to all of the above guidelines. I acknowledge that I have read and understand the documents enclosed in the registration packet.

Student Name (print)

Student Signature

Date

Parent Name (print)

Parent Signature

Date