

**Hathaway Academy of Ballet  
Registration Form Fall & Spring 2011—2012**

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mobil \_\_\_\_\_

Work (mother) \_\_\_\_\_ (father) \_\_\_\_\_

Optional Information: (optional)

Occupation: (father) \_\_\_\_\_ (mother) \_\_\_\_\_

**E-mail is the primary source of communication to academy families. Please provide for announcements.  
(Write clearly)**

E-mail: \_\_\_\_\_

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**Student 1** \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Class Level & Time: Ballet \_\_\_\_\_

Jazz \_\_\_\_\_ Modern \_\_\_\_\_ Hip-Hop \_\_\_\_\_

Medical Information \_\_\_\_\_

School District \_\_\_\_\_ School \_\_\_\_\_

Previous Training of above \_\_\_\_\_

**Student 2** \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Class Level & Time: Ballet \_\_\_\_\_

Jazz \_\_\_\_\_ Modern \_\_\_\_\_ Hip-Hop \_\_\_\_\_

Medical Information \_\_\_\_\_

School District \_\_\_\_\_ School \_\_\_\_\_

Previous Training of above \_\_\_\_\_

**Student 3** \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Class Level & Time: Ballet \_\_\_\_\_

Jazz \_\_\_\_\_ Modern \_\_\_\_\_ Hip-Hop \_\_\_\_\_

Medical Information \_\_\_\_\_

School District \_\_\_\_\_ School \_\_\_\_\_

Previous Training of above \_\_\_\_\_

**Tuition & Payment Method**

\$ \_\_\_\_\_ Student 1 Monthly Tuition (# of classes per week \_\_\_\_\_)  
\$ \_\_\_\_\_ Student 2 Monthly Tuition (10% discount) (# of classes per week \_\_\_\_\_)  
\$ \_\_\_\_\_ Student 3 Monthly Tuition (10% discount) (# of classes per week \_\_\_\_\_)  
**\$50.00** \_\_\_\_\_ Family Registration

\$ \_\_\_\_\_ Total Owed    \$ \_\_\_\_\_ Total Paid    \$ \_\_\_\_\_ Balance Due

\_\_\_\_\_ Check # first payment    \_\_\_\_\_ Check # of balance due

\_\_\_\_\_ VISA    \_\_\_\_\_ MasterCard    \_\_\_\_\_ Check

I understand that if I chose payment by check I will provide Debit/Card information. If my monthly tuition is not submitted by due date or I have not contacted academy directors regarding late tuition payment that my account will be automatically charged the regular monthly tuition amount plus late fee

**Credit/Debit Payment Authorization**  
**(Information is required by everyone registered)**

**ALL DEBIT/CREDIT CARD INFORMATION WILL BE KEPT IN A SECURE LOCATION. ONLY THE ACADEMY BANKING INSTITUTION WILL HAVE THIS INFORMATION FOR PROCESSING TUITION.**

Card Holder Name (As It Appears on Card): \_\_\_\_\_

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I Agree To Have My Monthly Tuition Debited Out Of My Account.

Card Holder Signature: \_\_\_\_\_

I hereby authorize Hathaway Academy of Ballet to use the debit/credit card information which I have provided to pay for all agreed upon monthly tuition for all enrolled classes. If classes are added after registration, then that amount will be adjusted accordingly. I understand that the debit/credit card transaction will occur between the 25<sup>th</sup> of the prior month and the 1<sup>st</sup> day of the tuition month for all enrolled classes.

I understand that if I drop from the academy before the end of the semester that my account will be charged for that remainder of the semester's tuition. I also understand that a \$25.00 service fee will be charged to my account in the event that the debit/credit card transaction is for any reason denied or the bank for any reason returns a check.

I understand that if I have chosen to pay monthly tuition by check and that payment has not been made by the 5<sup>th</sup> day of the month that my debit/credit will be charged for that months tuition and a \$25.00 late fee will be included in transaction..

**Liability Release:** I hereby release and forever acquit the Hathaway Academy of Ballet and its agents or representatives for any personal liability and/or any personal injury to student rising out of participation in class or incurred while on the premise of said academy and during any performance activity. I authorize the agents of the Hathaway Academy of Ballet to use their discretion in any decisions necessary for the proper treatment if any such circumstances should occur. I understand that all efforts will be made to contact the parents or guardian of the student involved in an accident.

I herby agree to the terms and conditions of the academy policies:

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date