



Hathaway Academy of Ballet

Registration Form Fall & Spring 2017–2018

_____ NEW STUDENT CHECK HERE

Returning Students: Please fill in all information including credit card information

Mother/Guardian: _____ Father/Guardian: _____

Address: _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Mother Cell Phone: _____ Father Cell Phone: _____

To receive automated text messages provide mobile service company: _____

ACADEMY E-MAIL COMMUNICATION INFORMATION

Academy Email – please add to your browser

hathawayacademyballet@gmail.com

Please provide for announcements - Please Print Clearly

Primary E-mail: _____ Father ___ Mother ___ Other ___

Secondary Email: _____ Father ___ Mother ___ Other ___

How did you hear of us: _____

STUDENT INFORMATION

Student 1 _____ Birth Date _____ Age _____ Grade _____

Class Level & Time:

Ballet _____ Jazz _____ Modern _____

Medical Alert _____

Previous Training _____

Student 2 _____ Birth Date _____ Age _____ Grade _____

Class Level & Time:

Ballet _____ Jazz _____ Modern _____

Medical Alert _____

Previous Training _____

Student 3 _____ Birth Date _____ Age _____ Grade _____

Class Level & Time:

Ballet _____ Jazz _____ Modern _____

Medical Alert _____

Previous Training _____

Student 1 Payment Option	Monthly ___	Half Year ___	Tuition Amount	\$ _____
Student 2 Payment Option	Monthly ___	Half Year ___	Tuition Amount	\$ _____
Student 3 Payment Option	Monthly ___	Half Year ___	Tuition Amount	\$ _____
			Tuition Total	\$ _____
			Family Registration	\$ _____
			Total Owed	\$ _____
			Total Paid	\$ _____
			Balance Due	\$ _____

Payment Option Selection

_____ Checks _____ Cash _____ ACH (Automatic Checking Account Withdrawal)

PLEASE NOTE:

If monthly tuition is not submitted by tuition due date or I have not contacted academy directors regarding late tuition payment that my account will be automatically charged late fee. As well I understand that if I drop the class that my account will be charged for the remainder of the semester.

ACH Checking Account Automatic Tuition Payment Authorization (Information is required by everyone registered)

All automatic checking account tuition payments are managed by our academy merchant service company

PaySafe - All account information entered is virtual and protected with federal PCI Compliance security.



Account Holder Name (As It Appears on account): _____

Routing #: _____ Checking Account # _____

Tuition Recurring Processing Date: 25th of the month prior to due date _____ or 1st of the month _____

Account Holder Signature: _____

I hereby authorize Hathaway Academy of Ballet to use the checking account 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 ACH transaction will occur between the 25th of the prior month or the 1st 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 \$15.00 service fee will be charged to my account in the event that the ACH transaction for any reason is 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 5th day of the month that my debit/credit will be charged for that month's tuition and a \$15.00 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 hereby agree to the terms and conditions of the academy policies:

Parent or Guardian Signature

Date