



# Hathaway Academy of Ballet

Registration Form Fall & Spring 2018–2019

Returning Students

Please Fill Out ONLY Information that has CHANGED.

\_\_\_\_\_ NEW STUDENT CHECK HERE

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### IMPORTANT NOTE:

Primary email and phone number are used for Parent Portal - Print Clearly  
Academy Email - please add to your browser - [hathawayacademyballet@gmail.com](mailto:hathawayacademyballet@gmail.com)

Primary Cell: \_\_\_\_\_ Father \_\_\_ Mother \_\_\_ Other \_\_\_

Secondary Cell: \_\_\_\_\_ Father \_\_\_ Mother \_\_\_ Other \_\_\_

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 \_\_\_    Full Year \_\_\_    Tuition Amount \$\_\_\_\_\_

Student 2 Payment Option    Monthly \_\_\_    Half Year \_\_\_    Full Year \_\_\_    Tuition Amount \$\_\_\_\_\_

Student 3 Payment Option    Monthly \_\_\_    Half Year \_\_\_    Full 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: 25<sup>th</sup> of the month prior to due date \_\_\_\_\_ or 1<sup>st</sup> 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 25<sup>th</sup> of the prior month or 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 \$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 5<sup>th</sup> 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