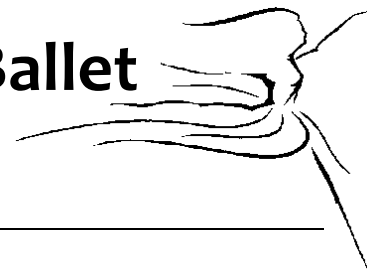


# Abigail Francisco School of Classical Ballet



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## 2018 – 2019 REGISTRATION FORM

**STUDENT:** \_\_\_\_\_  
Last First Middle

**MAILING ADDRESS:** \_\_\_\_\_  
Street City State Zip

**E-mail address** (parents' e-mail): \_\_\_\_\_

**Additional e-mail address:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**MOTHER:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**FATHER:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

*In the event the student's parent/guardian cannot be reached, please supply an emergency contact:*

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

**RELATIONSHIP TO STUDENT:** \_\_\_\_\_

**EMERGENCY CONTACT PHONE (S):** \_\_\_\_\_

**FAMILY PHYSICIAN:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PLEASE LIST ANY MEDICAL CONCERNS:** \_\_\_\_\_

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**SIGNATURE**  
(Parent/Guardian if student is under 18 years of age.)

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**DATE**

Student's Full Name \_\_\_\_\_  
Last First Middle

## **Abigail Francisco School of Classical Ballet, LLC – Policies**

I understand the policies, Rules & Regulations of the Abigail Francisco School of Classical Ballet, LLC and am enrolling my child/self in classes. I agree to pay all fees by the scheduled due date. I understand that failure to pay fees by the due date will result in a \$25.00 late charge regardless of reason. I understand that the school is not responsible for any loss of property. I am also aware that all policies and procedures of the Abigail Francisco School of Classical Ballet are detailed on the school website.

**Tuition will be due in four payments.** Payments can be made by cash, check, credit card (Visa, Master Card, Discover, Amex) and money order. Cash payments must be paid during office hours; checks and money orders can be dropped at the payment box located inside the North Beach studio or mailed to: P.O. Box 578, North Beach, MD 20714. Credit card payments can be made online, during office hours, in person, or via telephone. As of July 1, 2018, all credit card payments require a convenience fee of \$3.00. It is the responsibility of the payor to add the fee to any and all credit card payments. Tuition and all other fees are non-refundable and non-transferable; these include but are not limited to: tuition, master classes, workshops, costume fees, production fees, studio company fees, summer programs/classes, and school sponsored events.

Tuition is based on a 9 month program (September through May). Tuition is due regardless of class attendance, holiday schedule, or weather. **Invoices will not be sent via USPS or email unless the account is late.** Accounts must be current prior to the start of the first class of each tuition due date, in order for a student to participate in class(es). Due dates will be posted on the school website, bulletin boards, and my tuition fee document.

**Late Fee:** A grace period of 5 consecutive days will be honored. Payments received after that 5 day grace period will result in a \$25 late fee regardless of reason.

**Returned Check:** There will be a \$30 service charge payable to the studio along with any related bank fees for every returned check. After a returned check, I understand I will be required to make all future payments by cash, credit card, or money order.

**Withdrawal from Classes:** Withdrawals must be in writing. Withdrawals will not be accepted over the phone. Payment is required on each payment due date until withdrawal is received in writing.

**Image/Photo Release** – Abigail Francisco School of Classical Ballet, LLC reserves the right to use images of students for promotional, educational, advertising, filmed, audio taped and/or interviewed by the media.

**I understand that my signature below indicates acceptance and understanding of the Policies, Rules & Regulations of the Abigail Francisco School of Classical Ballet**

### **Waiver and Release from Liability**

I, \_\_\_\_\_, recognize that dance is a physical art and injuries may occur, yet I do  
Parent/Guardian if participant is under 18 years of age - **Print Name**

hereby release and forever discharge the Abigail Francisco School of Classical Ballet, LLC, its agents, employees, instructors and representatives from all claims, demands or claims for relief which may arise from or relate to any and all injury from participation in dance at the Abigail Francisco School of Classical Ballet, LLC. This shall include, but not be limited to, any and all activities in the dance school, directly or indirectly around the dance school, or in any other place so designated by the Abigail Francisco School of Classical Ballet, LLC including performances and other activities. Further, I understand that in the instruction of dance and in particular, ballet, the touching of the student by the instructor may occasionally occur. This touching will occur only in assisting the student in the proper alignment and execution of dance steps. I hereby authorize the dance instructors to so touch myself or my child in an APPROPRIATE fashion, in order to assist myself or my child.

I understand that video cameras are installed in the studio to ensure the safety and well being of myself and/or my child. The information contained on these tapes will be secure and accessible by authorized personnel only.

I have read this document and fully agree and understand that it is a release of all claims. In an emergency situation, I hereby grant permission for a staff member at the Abigail Francisco School of Classical Ballet, LLC, to seek emergency medical treatment for my child or myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date