



School Registration

As the Parent/Guardian of _____ ("Student"), I have read, understand, agreed and executed this enrollment contract for the purpose of enrolling at the Kwak Ballet Academy ("academy") for the 2024-2025 School year.

Payment Policies

1. Tuition is non-refundable and non-transferable.
2. **Tuition is due by the first of each month.** If accounts are not paid by the 5th of the month, there will be a 10% of the tuition late fee applied to the account balance. There is a \$30.00 returned check charge for any checks returned by the bank.
3. **Tuition payments must be made on time.** Students will be denied access to class if the account is not paid in full by the due date.
4. Bills will NOT be sent in the mail.
5. A \$30.00 fee will be charged for every returned check.
6. Registration fee \$30 for existing students, and \$40 for newcomers.

Make-up class Policies

1. Students and Parent/Guardian must call and pre-arrange a make-up class.
2. Students must make-up missed classes within the same calendar month.
3. Missed classes not make-up will be lost classes.
4. Missed classes do not accrue from one month to another month.
5. Students must check in and let the instructor of the class know they are attending a make-up class.

Drop-in class Policies

1. Students currently enrolled at Kwak Ballet Academy/Las Vegas Ballet Company cannot attend drop-in classes. This is due to enrolled students taking classes based around the monthly tuition.

Liability Policy

1. Dance and Participation in the Academy can be physically demanding and can result in personal injury.
2. The Academy of Las Vegas Ballet Company is not responsible for any personal injury sustained by the student in school or the building premises or as the result of the student's participation in class, rehearsal, or performance. Any injuries or illness shall be promptly reported in writing to the Academy Principal and/or office.
3. The Kwak Ballet Academy is not responsible for loss or theft of any personal property on its premises. Any valuables should be left at home.
4. Students and Parent/Guardian understand that the nature of dance instruction is such that it may require the instructor to have physical contact with the student as in correcting body positioning, and hereby give their consent to such contact only as it pertains to the teaching of dance.

Class Observations

To provide your children with the highest quality of instruction, we need parents to work with us when observing your child's class. Observers and parents may watch at any time through the monitor or doorway, as long as it does not disrupt the students or the teacher. Only teachers and students are allowed in the classroom—no parents or visitors please. We also ask that there is no videotaping of our classes.

Kwak Ballet Academy/Las Vegas Ballet Company receives and stores personal information (stored in a secure operating system) which we use in an effort to provide you the best possible customer service and to keep you fully informed about the KBA/LVBC community. It is very important that you provide us with an email address that you check frequently. We also may use your e-mail address and/or other methods to send you newsletters, as well as messages about KBA/LVBC special events, promotions, emergency procedures, announcements, consumer surveys, and other correspondences. Kwak Ballet Academy/Las Vegas Ballet Company is committed to ensuring the security of your personal information and will not sell or transfer such information.

Termination: PLEASE READ INITIAL THE FOLLOWING

* I understand this enrollment contract may be terminated by or on behalf of student, with written notice, and will take effect at the end of a month in which classes have been taken. X_____.

* I hereby grant permission to Kwak Ballet academy and Las Vegas Ballet Company to photograph and or videotape the student for educational or promotional uses for the school. X_____.

* I understand that I am obligated and will be held fully responsible for the full tuition amount for the student under the payment term I have selected. X_____.

I have read, understand and will comply with the above.

Print Parent/Guardian full name: _____

Parent/Guardian Signature: _____ **Date:** _____

STUDENT INFORMATION

Student's Last Name	First	Middle	Date of Birth	Age
			Male	Female
Insurance Company and Doctor's name			Medical conditions	
Emergency Contact (Name and number of person other than parent)				

PARENT/GUARDIAN INFORMATION

Mother's Last name	First	Father's Last name	First	
Address		city	State	Zip
Home Phone		Cell Phone		
E-mail				

REGISTRATION FEE AND 1ST MONTH TUITION PAYMENT IS DUE UPON REGISTRATION, PRIOR TO TAKING CLASSES

Tuition payments must be made on time. Students will be denied access to class if the account is not paid in full by the due date.

Tuition Rate	class	Day/Time
Registration fee \$35		
Payment type CS / CR / CH	Total	
Auto payment by Credit Card	Name of card holder	card number
Expiration date	Security code	Zip code