



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 2019-2020 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 \$25.00 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 \$25.00 fee will be charged for every returned check.
6. Registration fee \$35 for the first child, \$15 for the second child.

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.

Liability Policy

1. Dance and Participation in the Academy can be physically demanding and can result in personal injury.
2. The Kwak Ballet Academy is not responsible for any personal injury sustained by 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 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.

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 TAKIING CLASSES				
<small>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.</small>				
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	