



Dance Academy of Boca Raton

3350 N.W. 2nd Ave. Suite A-30

Boca Raton, FL 33431

Home of *Academy Ballet Company*

Telephone 561-395-4797

STUDENT INFORMATION

First Name _____

Last Name _____

Date of Birth _____ Age _____

School _____ Grade _____

Home Address _____

City _____ Zip _____

Telephone _____

If new student, who may we thank for referring you? Online search Website

Other (please list) _____

Referred by (please list name) _____

PARENTS INFORMATION:

Mother's Name _____ Mother's Cell _____

Father's Name _____ Father's Cell _____

Email address (Please Print) _____

Additional comments _____



Dance Academy of Boca Raton

3350 N.W. 2nd Ave. Suite A-30

Boca Raton, FL 33431

Home of *Academy Ballet Company*

Telephone 561-395-4797

STUDENT RELEASE

The herein named student,

(Name) _____ Age _____

Parents and/or Guardian, adult students, hereby release the Dance Academy of Boca Raton, its owners, employees and instructors of all responsibility for the injury to said student as a result of attendance, transportation or participation in any lessons, exhibitions, shows, recitals, or any other activity through Dance Academy of Boca Raton. In addition, Parent/Guardian gives permission for photographs or television footage, which may include the student, for any media publication concerning Dance Academy of Boca Raton.

The student, parents, and/or Guardians state that they have no knowledge of any physical or mental disability, which would effect participation of the student.

This release must be signed by the student (if of adult age) or Father, Mother or legal Guardian and countersigned by the director or authorized representative of the Dance Academy of Boca Raton before participation in the first class.

“I/We give permission for a licensed doctor or physician to administer any necessary medical attention immediately to our child, and to do so without having to wait until I/we are contacted.”

Mothers/Fathers signature _____ Date _____

Guardians signature _____ Date _____

Adult Student signature _____ Date _____

Representative of D.A.B.R. _____ Date _____

MEDICAL INFORMATION: Has the student any disabilities, handicaps, present injuries or limitations, hemophilia, heart condition, history of respiratory illness or other significant medical condition?

No _____ Yes _____ Please List _____
allergies _____

EMERGENCY CONTACT _____ Telephone _____



Dance Academy of Boca Raton

3350 N.W. 2nd Ave. Suite A-30

Boca Raton, FL 33431

Home of *Academy Ballet Company*

Telephone 561-395-4797

TUITION POLICIES

- **Tuition is non-refundable & non-transferable.** Students may make up missed classes anytime during the session.
- **New students only** can receive a promoted tuition when beginning after the commencement date of a session.
- Annual Registration Fee: \$40.00 per family
- 10% Discount for full payment of Fall and Spring Sessions at registration.
- Tuition has not been charged for weeks school is closed.
- Tuition is DUE on the 5th of each month. There will be a \$15.00 fee for late payment
- There will be a \$25.00 fee for all returned checks.
- We accept: cash, check, Visa or MasterCard.
- Payment options: Full Session/ Two payments per Session/Flat monthly Fee
- If your account is 30 days past due, students will not be allowed to participate in class.
- All tuition and account balances must be paid by June 5th in order for student to participate in the recital.

I have read and understand in its entirety the tuition policies written above and hereby give permission to

enroll _____
in classes at Dance Academy of Boca Raton.

Signature _____ *Date* _____

Print Name _____

CARD ON FILE ONLY

Please keep my credit card on file for auto pay (optional) VISA or MASTERCARD.
Should your credit card come back declined, you will still be required to pay regular tuition by the 5th of the month.

Credit Card # _____ Exp. _____
Billing Zip _____

Signature _____

PAYMENT STRUCTURE

Payment Options:

- Full session
- Two times per session
- Flat monthly fee

Class Enrollment:

Days:

- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |

Tuition payment amount:

Amount:

- Registration Fee \$ _____
- Fall Tuition (August 18th, 2014 – January 17th, 2015) \$ _____
- Spring Tuition (January 20th, 2015 - May 30th, 2015) \$ _____