



2010-2011 **New Student Registration**
 PLEASE PRINT - One student per form, please. Duplicate as necessary.

For office use only:

date	Check #	amt
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Student's Name: _____ Prefers to be called: _____

Date of Birth: _____ Male Female Age September 1 _____

Is student a previous Westwood Ballet student? _____ If so, what year did he/she start with Westwood Ballet? _____

Was student enrolled in 2010 Summer classes at Westwood? yes no Are you a member of Westwood Baptist Church? yes no

Mother's name: _____ Home phone # _____ Cell Phone # _____

Class Selection:

	Age/Grade	Class Code(i.e. 1 st /2 nd - Ballet I)	Day/Time
First Choice			
Second Choice			

Previous Dance Training:

Name of School: _____

City/State _____ Primary Teacher: _____

History:	Ballet	Pointe	Variations	Modern	Jazz	Tap
Years of study?						
Most recent level of study?						
How many days per week?						

From time to time we hire photographers to take updated pictures for use in publications and promotional materials. We would never use a photo that would reflect negatively on its subjects. Please read and sign the release below.

I grant to Westwood Ballet, its employees, agents, and assignees, the right and permission to make, use, reuse, and/or publish photographic pictures of _____ (child's name), which may be in connection with his/her own name or a fictitious name, for any purpose whatsoever including primarily any promotional materials or website designed or authorized by Westwood Ballet. I waive any right to inspect or approve the finished photograph or printed matter that may include such pictures.

Parent or Guardian _____ Date _____

Westwood Ballet is thankful for the opportunity to teach your children. Please understand that you and your child are responsible to uphold the policies of Westwood Ballet and the Westwood Baptist Church facility. We love seeing you as much as possible and we realize that for some of you this is like a second home, however, Westwood Ballet and Westwood Baptist Church are not responsible or liable for personal items, property or clothing brought on the premises by students or their families. Assistance will be offered to recover or locate lost items.

 Signature of Parent

Please complete this form and include the \$35 registration fee, and 1st month tuition (non-refundable) and the Student Information, Student Medical forms in order to register. Send to 2349 Forestdale Blvd., Birmingham, AL 35214 or email to arts@wbclive.com.

I understand and agree to the following (*initial each*)

- _____ 1. Tuition is based on a 9 month school year fee schedule, but may be paid monthly.
- _____ 2. Tuition payments are due on the first of each month, September through May, and are considered delinquent if not paid by the 10th of each month. A \$10 late fee will be charged for each month a payment is late.
- _____ 3. Tuition payments and all remaining fees (costume fee, late fees, etc.) must be current in order for student to Participate in any Westwood Ballet year end Spring Performance.
- _____ 4. Any student whose account is not paid by the 15th of the month will be suspended from classes until their Account is paid in full. A \$10 reinstatement fee will be charged.
- _____ 5. If a student needs to withdraw from classes, I am responsible for tuition in full until such time a withdrawal Form is completed and turned into the ballet office.
- _____ 6. I agree to pay the Costume fee for the year end Spring Performance by October 15, 2010.
- _____ 7. I agree to notify the ballet office, in writing, by October 15, 2010 if my child is NOT participating in the year-end Spring Performance on May 14, 2011.
- _____ 8. I understand that Westwood Ballet reserves the right to cancel any class that does not have a sufficient Number of students enrolled to support the class.
- _____ 9. I agree to read the Westwood Ballet handbook and agree that my child and/or I will adhere to the rules and requirements stated therein, including hair and dress code.
- _____ 10. By signing below, I do hereby release Westwood Ballet and their agents or representatives of liability for My child (or myself) of any injury to my child (or myself) in class, while on school campus, or while Participating in Westwood Ballet sponsored performances. I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) listed on the student's registration form. In the event next of kin cannot be contacted for the health and well being of my child (or myself), I hereby authorize the Administrator, Principal, or Instructor of Westwood Ballet to authorize whatever medical treatment that might be necessary in an emergency situation. I understand that I and my medical insurance carrier are financially responsible for any medical treatment extended to my child (or myself), and that Westwood Ballet and its agents or representatives cannot be held accountable or liable for such medical treatment.

_____ Date

_____ Student (if 18 or over)

_____ Date

_____ Parent/Guardian (If responsible for student's tuition)

Please provide your most current email address:

_____ Mom

_____ Dad