



Current Student Registration

PLEASE PRINT - One student per form, please.

For office use only:

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

CLASS SELECTION	Age/Grade	Class Code (i.e., Ballet I)	Day/Time
First Choice			
Second Choice			

Mom's cell phone () _____ Mom's email _____ Dad's email _____

Student's Cell Phone () _____ Student's email _____

Academic School: _____ Grade 2010-11: _____ homeschooled? _____

Important: Please update if changed from last year

In an effort to be good stewards of the resources available to us, Westwood Ballet is going green. This means that we will be posting all general communication to our website at wbclive.com. Periodic emails will be sent alerting you to new and updated postings and giving you links to the latest rehearsal schedules. We believe this will not only be cost effective, but will also make the most recent and comprehensive information available to our parents and students 24/7. Visit us on Facebook also.

Please provide your most current email address: _____

ONLY fill out any information THAT HAS CHANGED in the last year.

Complete Mailing Address _____

Home Phone: () _____ Student's Cell Phone: () _____ Student's E-mail: _____

Church: _____ Affiliation: _____

- Mother/Guardian -

- Father/Guardian -

Mailing Address	Mailing Address
Place of Employment	Place of Employment
Home Phone – with area code	Home Phone – with area code
Work Phone – with area code	Work Phone – with area code
Cell Phone/Pager – with area code	Cell Phone/Pager – with area code
E-mail	E-mail

List ONLY medical information that is new since last year.

Describe any injuries or surgeries in the last year _____

Any emotional or behavioral conditions? _____

Any presently existing or persistent condition/infection? (i.e., asthma, bursitis, etc.) _____

Please list any medications student is currently taking _____

Any other information we should be aware of? _____

Please complete this form and bring with you, along with a \$35 registration fee and First Month tuition when you register.

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