

REGISTRATION FORM

ACADEMY OF BALLET

2021-2022 DANCE SEASON

6470 Spalding Dr., Suite E Peachtree Corners 30092

www.academy-ballet.com

misscathy350@gmail.com cell 404-754-4412

770-242-6379

Like us on:

Facebook: facebook.com/aobpc

Instagram @academy-ballet

annual non-refundable registration fee of \$65 for 1st student and \$55(discounted rate) for each additional student

***Tuition: First Month - Aug. 2021 Tuition, Costume, and Recital Fee due at sign up and set up monthly auto payments. Payment due and payment plan due by the 1st dance class* for all lower school classes. Ensemble please see Option for payment schedule.**

Parent / Guardian _____

Cell # _____ Home Phone # _____

Address _____

City _____ Zip _____

Emergency Contact & # _____

Email (please print clearly) Parent: _____

Student Email: _____

STUDENT NAME _____

AGE _____ DOB _____

Requested Class _____

Day _____ Time _____

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Registration Fee \$ _____ Annual Tuition Fee \$ _____ Costume Fee \$ _____
Recital Fee \$140.00 Total Annual \$ _____ Total 10 Monthly auto charge \$ _____
PLEASE LET US KNOW HOW YOU WOULD LIKE TO BE CHARGED ANNUAL OR MONTHLY. AUTO PAYMENTS ARE MANDATORY FOR MONTHLY FEE SCHEDULE.

=====IM
PORTANT INFORMATION PLEASE READ ALL BEFORE SIGNING!!

***AOB SPRING RECITAL 2021** The recital date is TBD with classes continuing through the month of May. **It is mandatory to pay the last 2 months of tuition (April & May) in order to participate in the recital.** The costs associated with the spring recital include a costume fee \$100 and up per costume. **Costume fees will be included in the auto drafted 10 monthly installments unless you choose to pay the full annual fees when you begin.** The recital fee is \$140.00. It covers the space rental, production cost, and the other expenses involved in the presentation of a performance. **The recital fee will be included in the auto drafted 10 monthly installments unless you choose to pay the full annual fees when you begin. Refunds or Credits will be issued if the recital does not take place. If you DO NOT wish to participate in the recital, please let us know ASAP or prior to October 31st and you will be refunded or credited the costume fee payments and the recital fee payments included in your 10 monthly installments.**

Initial: _____

***THE CHILDREN'S NUTCRACKER 2021** Projected Date for Auditions Sept 11, 2021. Auditions are for ages 3 and up. Audition fee is \$17.00. Saturday rehearsals will begin in October TBD.

Nutcracker rehearsal fee \$180 for one dance and \$300.00 for 2 dances \$360 for 3 or more dances. Mice rehearsals & fees \$125.00. The Dress Rehearsal and Performance dates TBD. MANDATORY studio rehearsals are the last 2 weeks prior to the performance. Nutcracker is mandatory for Ballet Ensemble dancers.

Initial _____

***TUITION.** I have read the tuition schedule for the above referenced year and I accept my responsibility for payments (tuition is a seasonal/annual fee which is paid in full or divided into 10 equal installments. If late starting the program it will be prorated accordingly. It is not a true monthly payment. Your child will not dance the same number of days each month. **Late starts will be subject to increased tuition of \$5.00 per month after August 31. Withdrawals after March 31st will be subject to full month tuition for both April and May.** Withdrawals for any reason must be done in writing no later than 30 days before the next auto draft in order to stop the auto payment and to not be responsible for the tuition the following month. If you miss a class, you may make it up within one month of the missed class, but there is **NO REFUNDS ON A MISSED CLASS.** Holidays and inclement weather are not missed classes. You are **expected to sign up for the entire season.** Auto draft accounts will be set up for all tuition payments. Payment can be set up using a credit card, checking account, or savings account. Please fill out the credit card authorization form. Any payment returned as NSF or declined credit card will automatically be charged a \$35.00 fee and added to your account. The payment and the NSF will need to be in cash (by appt only). If we receive two NSF payments or declined credit cards the account will automatically be charged a \$60.00 fee and added to your account. The payment, NSF, and future payments will need to be made in cash (by appt only). Payments not paid after a 2 month period will be turned over to a collection agency and the student will no longer be accepted in the classroom. Payments received after the 10th of the month will be considered late, and a fee of \$15.00 will be automatically applied to your account. Billing questions, invoice, or statement requests can be made to:

aob.billing@gmail.com

Initial _____

***COVID RELEASE:** I have signed, dated, and returned the original copy to AOB. Initial _____

***PHOTOGRAPHY RELEASE:** I give permission for Academy of Ballet, Inc. to use photos taken of my child either at performances or in class on the Academy of Ballet, Inc. website or for marketing materials.

Initial _____

***WITHDRAWALS:** All withdrawals must be in writing prior to the first of the month (to the office-**NOT** Teacher or Phone Call) or tuition will be charged to your account. Initial: _____

***RELEASE:** I understand that my child will be participating in an active program and I accept the risks involved. (This form must be signed and dated for your child to dance). Initial: _____

I acknowledge that I have been informed that this program is not a licensed child care facility. I also understand that this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements. Initial: _____

Signature _____

NEW Season 2021-2022 Tuition Fees 1 hour to 4.75 hours

Hours Weekly	Annual Tuition	Bi-Annual	Monthly (10 Months)	
0.5 hours	650.00	325.00	65.00	
0.75 hours	655.00	327.50	70.00	
1 hour	850.00	425.00	85.00	
1.25 hours	1,050.00	525.00	105.00	
1.50 hours	1,270.00	585.00	127.00	
1.75 hours	1,330.00	665.00	133.00	

2.0 hours	1,520.00	760.00	152.00	
2.25 hours	1,710.00	855.00	171.00	
2.5 hours	1,900.00	950.00	190.00	
2.75 hours	2,090.00	1,045.00	209.00	

3.0 hours	2,170.00	1,085.00	217.00	
3.25 hours	2,350.00	1,175.00	235.00	
3.5 hours	2,530.00	1,265.00	253.00	
3.75 hours	2,710.00	1,355.00	271.00	

4.0 hours	2,740.00	1370.00	274.00	
4.25 hours	2,900.00	1,450.00	290.00	
4.5 hours	3,030.00	1,515.00	303.00	
4.75 hours	3,200.00	1,600.00	320.00	

2021-2022

Recurring Payment Authorization Form

Academy of Ballet 6470 Spalding Drive Suite E Peachtree Corners, Georgia 30092

Phone Number: 404-754-4412 cell or 770-242-6379 aob.billing@gmail.com

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at **least 10 days prior** to the payment being collected.

Please complete the information below:

I _____ authorize Academy of Ballet, Inc. to charge my credit card for the registration fee 1x per year. Tuition, costumes, recital fee indicated below for 10 monthly installments (1st installment to include 1st month tuition, 1/10 costume fee, and 1/10 recital fee) on the 25th of each month for payment of my Dance Tuition and Costume and Recital Fees for 2021-2022 Season.

Billing Address _____ City, State, Zip _____

Phone# _____ Email _____

Choose one of the ways to pay:

1). Checking Account

Name on Acct _____

Bank Name Account Number _____

Bank Routing # _____

Bank City/State _____

OR

2). Savings Account # _____

OR

3). Credit Card

Visa MasterCard Amex

Cardholder Name _____ Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Academy of Ballet, Inc. in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. **Withdrawals after March 31st will be subject to full month tuition for both April and May.**

For WAVE debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of a WAVE Transaction being rejected for Non Sufficient Funds (NSF) I understand that Academy of Ballet may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of WAVE transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Initial _____

2021-2022

Sessions and 1x fees Payment Authorization Form

Academy of Ballet 6470 Spalding Drive Suite E Peachtree Corners, Georgia 30092

Phone Number: 404-754-4412 cell or 770-242-6379 aob.billing@gmail.com

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express. Just complete and sign this form to get started!

Session payments and or 1 time Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges
-
- Here's How Session and 1 time Payments Work:
-
- You authorize scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated on registration form/Trial Class form or one time fee of any kind. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Academy of Ballet, Inc. to charge my credit card for the registration fee 1x per year. 1x fee for each Session, and or 1 time payments at the time of registration, and or 1x payments when they are due.

Billing Address _____ City, State, Zip _____

Phone# _____ Email _____

Choose one of the ways to pay:

1). Checking Account

Name on Acct _____

Bank Name Account Number _____

Bank Routing # _____

Bank City/State _____

OR

2). Savings Account # _____

OR

3). Credit Card

Visa MasterCard Amex

Cardholder Name _____ Account Number _____

Exp. Date _____ CVV (3 digit number on back of card) _____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Academy of Ballet, Inc. in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. **Withdrawals after March 31st will be subject to full month tuition for both April and May.**

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Initial _____

COVID-19 Release and Permission to Dance in a Studio Setting

I _____, knowingly consent to have my child or myself (teacher) participate in the dance program at Academy of Ballet Inc. and or Academy Performing Ensemble Inc. (non-profit 501-C) Studio, located at 6470 Spalding Drive Peachtree Corners during the COVID-19 pandemic. The undersigned does now and forever discharge Academy of Ballet Inc. and or Academy Performing Ensemble Inc. (non-profit 501-C), and its directors and staff of and from all manners of actions, suits, damages, claims, demands, whatsoever in law or equity from any loss or damage to the undersigned, their minor children or self's property or personal injury which may occur while participating in any activity related to this event. Additionally, the undersigned grants permission for the Academy of Ballet Inc. and or Academy Performing Ensemble Inc. (non-profit 501-C) to use any photos taken during the program for publicity or on Academy of Ballet Inc. and or Academy Performing Ensemble Inc. (non-profit 501-C) website, social media, and advertisement and materials.

_____ Initials Parent/Guardian/Staff Member

I permit my child or myself to be given a temperature check at the beginning of each day. I agree to have my child's or myself's temperature recorded with my full name. I agree that the information collected will determine if my child or myself will be allowed into the studio or not.

If the information gathered related to my child's or my health is needed by a government entity, health professional, or other organizations involved in tracking the COVID-19 virus.

I give consent for the information to be released to those organizations.

_____ Initials Parent/Guardian/Staff Member

I do not consent for it to be released to anyone but myself, the Parent/Teacher.

_____ Initials Parent/Guardian/Staff Member

I verify that I have not traveled outside the United States in the past 14 days to countries OR areas that have been affected by COVID-19.

_____ Initials Student/Staff Member

_____ Initials Parent/Guardian

I verify that I have taken all precautions necessary and have not, to my knowledge, been exposed to Covid 19 while traveling domestically within the United States by commercial airlines, bus, or train within the last 14 days.

_____ Initials Student/Staff Member

_____ Initials Parents/Guardian

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious.

I understand that the nature of dance/physical activity does not allow social distancing at all times, nor can the use of masks be mandatory. SEE The Dance USA Task Force on Dancers Health.

I understand that the federal, state, and local health authorities CDC, OSHA, and Georgia Department of Health recommend social distancing of 6ft. I know that my child or myself is responsible for following the social distancing rules that have been put in place by the studio. I understand that my child or myself have a chance of encountering some social distancing that will be less than 6ft apart.

_____ Initials Student/Staff Member

_____ Initials Parent/Guardian

I understand that my child or myself will be sent home and follow the guidelines set forth by the CDC, OSHA, and Georgia Department of Health before being allowed to return.

- Dancers with symptoms or fever will be sent home.
- All dancers and staff should be self-monitoring their symptoms.
- Checking for fever > 100.4
- Anyone who develops symptoms should leave immediately, seek care from their physician, and isolate.

To help prevent the spread of contagious viruses and help protect each other, I understand that my child and I will have to follow the studio guidelines.

_____ Initials Student/Staff Member

_____ Initials Parent/Guardian

Review of any symptoms that could be attributed to COVID-19.

- Cough, difficulty breathing, sore throat, an unusual headache, unexplained muscle, and joint pain, chills, fever, nausea, vomiting, diarrhea, loss of sense of smell, pink eye
- Signs of increased fatigue
- Review of other possible symptoms and feeling unwell
- Anyone with symptoms or fever will be sent home, report to their physician, and isolate themselves.
- The same procedures should be applied to all employees entering your location.
- All dancers and staff should be self-monitoring their symptoms.