



**The School of the Boca Ballet Theatre
2016-2017 School Term
Student Registration Form**

**7630 NW 6th Avenue
Boca Raton, FL 33487
561-995-0709
561-995-8356 fax
www.bocaballet.org**

Student's Name: _____ Home Phone: _____

Birth Date: ____/____/____ Age: _____ Grade in School: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's E-mail Address(s): _____

Mother's Name: _____ Cell Phone: _____

Mother's Employer: _____

Father's Name: _____ Cell Phone: _____

Father's Employer: _____

**Boca Ballet Theatre is a non-profit, 501(c)(3) organization. We rely on the community for support.
Does employer have a matching gifts program? ____Yes ____No**

In Case of Emergency Please Contact (if Parent(s)/Guardian(s) not available):

Name: _____ Phone: _____

Physician: _____ Dr. Phone: _____

Hospital of Preference: _____

Waiver of Liability/Agreement to Pay/Media Release

The below-signed agrees to pay the total tuition for the semester (based upon hours per week) and understands that all fees are non-refundable and non-transferable, regardless of attendance. Registration for Spring term will automatically be renewed, unless written notification is received 30 days prior to end of Fall term; however, you must re-submit payment or credit card information no later than the first day of Spring term We do not keep credit cards numbers on file. I, the below signed, hereby hold harmless

Boca Ballet Theatre Company or any agent thereof, for any illness or injury due to participation in any class, performance or other activity associated with Boca Ballet Theatre Company. In addition, I give permission for photographs or television footage which may include my child for any media publication concerning Boca Ballet Theatre. I hereby certify that I have received, understand and agree to The School of Boca Ballet Theatre Studio Policies/Regulations.

Signature: _____ Date: _____
(Parent/Guardian if minor)

FOR OFFICE USE ONLY: AMT PD _____ DATE _____ TYPE _____

The School of Boca Ballet Theatre Class Schedule Fall 2016 Semester

Student: _____

Name of Class	Day	Time	Class Length
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

FOR OFFICE USE ONLY: AMT PD _____ DATE _____ TYPE _____
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**Fall Term 2016
Registration / Payment Information**

Student Name: _____ **Phone:** _____

Payment Terms

- Payment will be required at time of registration – TUITION IS NON-REFUNDABLE REGARDLESS OF ATTENDANCE
- Registration fee: \$40.00 per year/per family (non-refundable)
- **Payment Options** – please check one option

- Option A: Full Payment of Semester Tuition
- Option B: 2-payment plan (+ \$20 payment plan fee paid with first payment)
- Option C: 4-payment plan (+ \$40 payment plan fee paid with first payment)

**If you would like to pay for the entire year (2 semesters), there is a 10% discount – please check with the front desk for details.

Options B & C requires balance on account to be paid by credit card only.

- Option B: First half payment due at registration
Second Payment will automatically be charged to your credit card on October 15th
- Option C: First payment due at registration
Subsequent Payments will automatically be charged to your credit card
On September 15th, October 15th, November 15th

Card # _____ Exp. Date ____/____/____
Sec. Code # _____

*Your card will not be charged if cash or check payments are made prior to the above dates

Please sign below indicating your acceptance of the above terms and the choices you have made.

Signature _____ Date _____

Parent Name (please print): _____

FOR OFFICE USE ONLY: AMT PD _____ DATE _____ TYPE _____
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