



338 Main Street, Suite 2 • Chester, NJ 07930 • 908-879-8717 • admin@balletfortenj.com

2017-2018 GYROTONIC REGISTRATION

STUDENT NAME _____ DATE _____

GYROTONIC TRAINING: TUITION & POLICIES

Please review and return the completed GYROTONIC Registration Form **by Thursday, 8/24/17.**

Please deliver this GYROTONIC form **directly to Deb Cutler**, either in person OR place under the door to the GYROTONIC room, in an envelope, clearly marked.

Weekly time slots (appointments) will be assigned on a first-come, first-served basis.

Note: Weekly time slots cannot be confirmed until the completed registration form is received.

Upon receipt of the completed GYROTONIC Registration Form, you will be contacted directly by Deb Cutler to schedule your dancer's weekly appointment(s).

Ballet Forte Payment & Late Fee Policy: Everyone that registers for private GYROTONIC training at Ballet Forte **must** pay by CC and are required to fill out a CC Authorization form (page 2). If we receive this registration packet without that form filled out, we will contact you immediately to let you know your child's spot will not be secured until we receive it. ***Initial _____**

Cancellations require a minimum of 24 hour notice. Otherwise, the parent will be charged for the Session. Missed sessions (with proper notice), may be made up within eight weeks of the missed session. *Initial _____

1 hr. weekly private lesson @ \$75 per week = \$2850/season

- Full Payment of \$2850 (due by 8/24/17)
- 10 monthly credit/debit payments of \$285 automatically charged to a credit/debit card on the 1st of each month from Oct-May (Sept & June are charged on 8/24)

30 min. (2x) weekly private lesson @ \$75 per week = \$2850/season (must meet twice a week)

- Full Payment of \$2850 (due by 8/24/17)
- 10 monthly credit/debit payments of \$285 automatically charged to a credit/debit card on the 1st of each month from Oct-May (Sept & June are charged on 8/24)

45 min. weekly private lesson @ \$65 per week = \$2470/season

- Full Payment of \$2470 (due by 8/24/17)
- 10 monthly credit/debit payments of \$247 automatically charged to a credit/debit card on the 1st of each month from Oct-May (Sept & June are charged on 8/24)

30 min. weekly private lesson @ \$45 per week = \$1710/season

- Full Payment of \$1710 (due by 8/24/17)
- 10 monthly credit/debit payments of \$171 automatically charged to a credit/debit card on the 1st of each month from Oct-May (Sept & June are charged on 8/24)



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CREDIT CARD AUTHORIZATION

I hereby give Ballet Forte at Wings Conservatory, Inc. authorization to charge my credit card:

Visa

MasterCard

Last 4 digits of CC Number: _____ Expiration Date: _____ / _____

In the amount of \$ _____

For the following service(s): _____

Name as appears on CC: _____

Address: _____

City/State/Zip: _____

Signature

Date

The below portion of this form will be shredded after Ballet Forte enters your CC information into their system – this is for your benefit and protection.

Full CC Number: _____

CCV: _____



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RELEASES

Ballet Forte at Wings Conservatory, Inc. will be referred to as BF in the following releases/policies.

LIABILITY RELEASE:

I hereby certify that my child is in normal health and capable of participating safely in BF’s programs. I will notify BF if the participant has any health problems. I am aware that dance training and the associated athletic exercises therein may place unusual stress on the body and carry with it the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume all risks and hazards incidental to the conduct of the program.

PUBLICITY RELEASE:

I hereby authorized BF to record the student’s picture and voice on photographs, films, and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films on tapes, radio or television broadcast programs. I also give my permission for BF to use and license others to use these materials in any manner or media whatsoever. BF is permitted to use these materials for publicity, advertising and sales promotion and to use the student’s name, likeness and voice and biographic or other information in connection with them. I acknowledge that no promises of compensation are made by BF for such use.

POLICIES:

I understand and accept that on August 24, 2017, I will be charged my child’s September and June tuition – this is to ensure that by May, ALL tuition balances will be paid before the *In Studio/Pure Form* performances. ***Please Initial _____**

BF is a full year program which requires a full year commitment. Tuition quoted is for a full year attendance, this includes private lessons. If my child decides to leave the program before June, I am liable for the full year tuition. ***Please Initial _____**

I understand and accept that if my child is injured, I am still responsible for their full tuition. ***Please Initial _____**

If my child misses a private lesson, it is my responsibility to contact BF to reschedule and if I need to cancel, I need to give BF at least a 24 hour notice, otherwise I will be charged for the private and no make-up lesson will occur. ***Please Initial _____**

I have read and understand the Liability/Publicity Releases and the Policies mentioned above.

Student’s Name (please print)

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date



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STUDENT INFORMATION			
Student's Name:			
Date of Birth:			
Academic School:			
Grade Entering:			
Home Phone:			
Address:			
City, State, Zip:			
PARENT/GUARDIAN INFORMATION			
<p>One parent or legal guardian signature is required if student is under 18 years old. <i>I the undersigned have read and agree to all of BF's policies, rules, terms, and conditions.</i></p>			
Parent/Guardian's Name:			
Parent/Guardian's Signature:			
Relationship to Student:			
Email Address:			
Home Phone:			
Cell Phone/Work Phone:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">C:</td> <td style="width: 50%; text-align: center;">W:</td> </tr> </table>	C:	W:
C:	W:		
EMERGENCY CONTACT			
Emergency Contact's Name:			
Relationship to Student:			
Home Phone:			
Cell Phone:			
Work Phone:			
MEDICAL INFORMATION			
Medical condition(s) or recent injuries that the faculty should be aware of:			
Medication(s) student takes:			
Allergies:			