

**SECTION ONE: Student Information**

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First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (as of 9/5): \_\_\_\_\_ '17-'18 School Grade: \_\_\_\_\_ Gender: Female Male

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Primary Language(s) Spoken at Home: \_\_\_\_\_

Student Cell Phone (optional): \_\_\_\_\_ Student Email (optional): \_\_\_\_\_

2016-2017 (last year's) Rock School Level (if applicable): \_\_\_\_\_

**Parent/Guardian A – Primary Contact**

**SECTION TWO: Family Information**

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Home Address (if different from student): \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian B – Secondary Contact**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Home Address (if different from student): \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

With whom does the student primarily reside? Parent/Guardian A Parent/Guardian B Both  
Other: \_\_\_\_\_

Any special circumstances at home?  
Parents are separated Parents are divorced  
Mother is deceased Father is deceased Other: \_\_\_\_\_

**SECTION THREE: Class Selection**

**Ballet Classes**

**CREATIVE MOVEMENT**

- 3 years of age\*
- No experience required
- 1 class per week**  
Per Quarter...\$165
- 2 classes per week**  
Per Quarter...\$247.50
- Select up to 2 classes**
- Monday.....3:30-4:15pm
- Wednesday...3:30-4:15pm

**PRE-BALLET I**

- 4-5 years of age\*
- No experience required
- 1 class per week**  
Per Quarter...\$200
- 2 classes per week**  
Per Quarter...\$360
- 3 classes per week**  
Per Quarter...\$495
- 4 classes per week**  
Per Quarter...\$585
- Select up to 4 classes**
- Monday.....4:30-5:30pm
- Tuesday.....4:30-5:30pm
- Thursday....4:30-5:30pm
- Saturday....9:00-10:00am
- Saturday....10:00-11:00am
- Saturday....11:00am-12:00pm

**Ballet Classes (continued)**

**PRE-BALLET 2**

- 6 years of age\*
- No experience required
- 1 class per week**  
Per Quarter...\$200
- 2 classes per week**  
Per Quarter...\$360
- 3 classes per week**  
Per Quarter...\$495
- Select up to 3 classes**
- Monday.....4:30-5:30pm
- Thursday....4:30-5:30pm
- Saturday....10:00-11:00am

**LEVEL I**

- 7-11 years of age\*
- No experience required
- 2 classes per week (required)**  
Per Quarter...\$440
- 3 classes per week (preferred)**  
Per Quarter...\$580
- Select up to 2 weekday classes**
- Tuesday....5:30-7:00 pm
- Wednesday...4:30-6:00 pm
- Select one Saturday class**
- Saturday....11:00am-12:30pm
- Saturday....12:00pm-1:30pm

**LEVEL IX**

- Audition required
- 3 classes per week (required)**  
Per Quarter...\$580
- Monday.....4:30-6:00pm
- Wednesday...4:30-6:30pm
- Saturday.....11:00am-12:30pm

**Additional Classes**

**PRE-GYMNASTICS**

- 4-6 years of age\*
- No experience required
- 1 class per week**  
Per Quarter...\$75
- 2 classes per week**  
Per Quarter...\$135
- Select up to 2 classes**
- Monday.....5:30-6:15pm
- Thursday....5:30-6:15pm

**PRE HIP-HOP**

- 4-7 years of age\*
- No experience required
- 1 class per week**  
Per Quarter...\$75
- Saturday.....12:30pm-1:30pm

**JUNIOR HIP-HOP**

- 8-11 years of age\*
- No experience required
- 1 class per week**  
Per Quarter...\$110
- 2 classes per week**  
Per Quarter...\$200
- Select up to 2 classes**
- Tuesday....6:30-7:30 pm
- Saturday....1:30-2:30 pm

**TEEN HIP-HOP**

- 12+ years of age\*
- No experience required
- 1 class per week**  
Per Quarter...\$110
- 2 classes per week**  
Per Quarter...\$200
- Select up to 2 classes**
- Tuesday....6:30-7:30 pm
- Saturday....1:30-2:30 pm

\*Students must be minimum age as of September 5, 2017

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## SECTION FOUR: Discounts & Scholarships

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Discounts and scholarships cannot be combined with other discounts or scholarships. See handbook for details.

### Pay-in-Full Discount – 5%

Applies to students who register before or during Quarter I and provide payment for all four quarters at once. A 5% discount will be applied to the tuition total.

### Sibling Discount – 5%

Applies to families with at least two children enrolled simultaneously who do not have another scholarship or discount. A 5% discount will be applied to the tuition of the student with the lower tuition payments.

### Young Boys' Scholarship – 100%

Applies to any male student between the ages of 3 and 11 enrolled in a ballet class. The scholarship covers ballet class tuition only. Tuition for non-ballet classes, fees, and performance costs must be paid separately. Students are subject to a \$50 Scholarship Administration Fee.

### City Dance Scholarship – Varies

By invitation only. Students are subject to a \$50 Scholarship Administration Fee.

## SCHOLARSHIP ACCEPTANCE AGREEMENT (if applicable)

All scholarship students will be subject to the Scholarship Terms listed below. Failure to comply will result in a verbal warning, followed by possible complete revocation of the Scholarship Award. All students who receive a scholarship, full or partial, are subject to a \$50 Scholarship Administration Fee. The Scholarship Administration Fee helps subsidize administrative expenses necessary to support The School's extensive scholarship programs. All scholarships are given at the discretion and direction of The School Directors. Scholarship students are not eligible for other discounts in combination with his/her scholarship(s).

### SCHOLARSHIP TERMS

All Rock School Scholarship recipients are subject to the following terms:

- Attend all regularly scheduled dance classes to which he/she is assigned and will report all upcoming absences promptly to The Rock School's administrative office (215) 551-7010 ext. 1100 or email [absences@therockschool.org](mailto:absences@therockschool.org)
- Adhere to the student dress code established by The Rock School
- Be polite, respectful, and supportive of fellow students, staff, and faculty
- Not discuss scholarship information with other students and parents

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Signature of Parent/Guardian

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Date

**SECTION FIVE: Due Dates & Withdrawal Procedures**

By submitting registration, you are enrolling for the 2017-2018 school year (through June 2, 2018). Payments are due quarterly but the student will be registered for until the end of the school year.

**QUARTER DATES:**

- Quarter 1** – payment due at time of registration; classes held September 5, 2017-November 4, 2017
- Quarter 2** – payment due November 6, 2017; classes held November 6, 2017-January 27, 2018
- Quarter 3** – payment due January 29, 2018; classes held January 29, 2018-March 24, 2018
- Quarter 4** – payment due April 2, 2018; classes held April 2, 2018-June 2, 2018

**WITHDRAWAL & DISMISSAL POLICY AGREEMENT (REQUIRED)**

A student withdrawing from The Rock School during the course of the school year must provide The Rock School with written notice of the withdrawal at least one week prior to the next payment due date. If postmarked notification or email is not received by the time stated above the student is considered to be continuing participation in the subsequent payment period and full payment is required.

I understand the registration, payment, and withdrawal policies as outlined by The Rock School.

Signature of Parent/Guardian	Date
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**SECTION SIX: Fees**

Please select the fees you will be including with your first payment.

**REGISTRATION FEE:**

- New Student Early Registration ..... \$45  
(registrations received by June 30, 2017)
- New Student ..... \$60  
(registrations received after July 1, 2017)
- Returning Student Early Registration ..... \$30  
(registrations received by June 30, 2017)
- Returning Student ..... \$40  
(registrations received after July 1, 2017)

**Register early for additional savings, complimentary tickets, and more! See website for details.**

**SCHOLARSHIP ADMINISTRATION FEE** (if applicable) ..... \$50

**NUTCRACKER 1776 PARTICIPATION FEE (optional)** ..... \$108  
Save \$20 by signing up for Nutcracker now!

**SHOWCASE PARTICIPATION FEE (optional)** ..... \$108  
Save up to \$60 by signing up for the spring showcase now!

**SHOWCASE AD PURCHASE (optional)** ..... \$50  
Reserve a half-page ad in the showcase program and save \$25!

**SECTION SEVEN: Method of Payment**

Your payment should include the per quarter tuition payment from SECTION THREE, any discounts or scholarships from SECTION FOUR, and the fees from SECTION SIX.

\$ \_\_\_\_\_ CHECK or money order, made payable to The Rock School

\$ \_\_\_\_\_ CASH

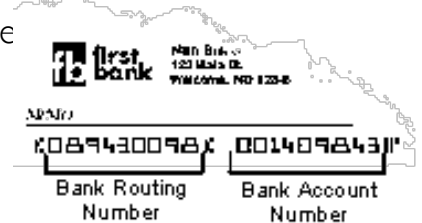
\$ \_\_\_\_\_ ACH\* **The Rock School's preferred payment method!**

Checking                       Savings

Sample

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_



\$ \_\_\_\_\_ CREDIT CARD\*

American Express     Discover     MasterCard     Visa

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

\*Please note: this authorizes one charge only. Your credit card will not be automatically charged for remaining installments unless you select the Auto-Pay option in the upper right corner.

I would like to authorize The Rock School to automatically charge my bank account or credit card on the due dates listed on page 4. It is my responsibility to update The Rock School on any account or credit card changes until that time.

Upon registration, an online account will be created for you if an account does not already exist for your family. Please call the Registrar at 215-551-7010 ext. 1131 or email [registration@therockschool.org](mailto:registration@therockschool.org) for a username and password to manage this account. You may also sign up for automatic payments through your online account.

**SECTION EIGHT: Release of Claims & Medical Authorization**

1101 South Broad Street, Philadelphia, PA 19147 | Tel. 215-551-7010 | Fax 215-551-8538 | therockschool.org | info@therockschool.org

*MEDICAL FORM STATEMENT OF PRIVACY-* Student medical forms are securely stored at The School, only made available to authorized staff members, on a need to know basis. Medical forms are made available to medical authorities in case of emergency. The School will not retain any obsolete student medical information or files.

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Student's Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY INFORMATION**

**Primary Contact (parent/guardian)**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Secondary Contact (parent/guardian)**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

We will always contact parents/guardians first. In the event of an emergency, when the parents cannot be reached, please contact:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**INSURANCE INFORMATION (REQUIRED)**

PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD AND ATTACH TO THIS COMPLETED FORM.

Name of Insurance Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Insurance Carrier: \_\_\_\_\_

Policy Identification Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber's Full Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

**PARENT/GUARDIAN'S APPROVAL AND MEDICAL RELEASE**

I personally, as the participating student or the parent or guardian of such student, intending to be legally bound, do hereby, for myself, my heirs, executors, and administrators, waive and release The Rock School for Dance Education, their officers, representative, successor, and/or assigns for any and all damages which may be sustained or suffered by me in connection with my association with the above program, or any activities related thereto, including without limitation, my traveling to or participating in and returning from any activity associated with the program. The named student has received a physical examination by a physician and has been found physically capable of participating in any activity associated with the program.

I hereby give authorization to The Rock School to share any and all medical information and/or medical documents to treating medical authorities. It is understood that The Rock School will make every effort to contact me prior to the emergency treatment of my student, but that treatment by a licensed physician or medical staff person of a licensed emergency room will not be withheld if I cannot be reached.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**SECTION NINE: School Policy Agreement**

1101 South Broad Street, Philadelphia, PA 19147 | Tel. 215-551-7010 | Fax 215-551-8538 | therockschool.org | info@therockschool.org

**PHOTO, VIDEO, AUDIO, AND INTERVIEW RELEASE**

Unless otherwise noted, as the parent or legal guardian of the student named in this registration packet, my signature below grants permission for my child or ward to be photographed, videotaped and/or interviewed during the course of the 2017-2018 school year by The Rock School or any of its authorized agents, and consent for the publication, broadcast, or other use of the student's images and/or words for the purposes of promoting The Rock School. In addition, I, intending to be legally bound for myself, my heirs, executors and administrators, release The Rock School, or any parties acting on their behalf and with their approval, from liability for such uses of my child's or ward's images and/or words.

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**STATEMENT OF RESPONSIBILITY**

The Rock School Handbook combines important school and community information and policies. Students attending The Rock School are expected to behave in a disciplined, responsible, and courteous manner while attending The Rock School. Persons unwilling or (due to pre-existent injury or chronic illness) unable to fully commit themselves to the daily regimens, to maintain work habits appropriate for a serious student, or to conform to reasonable and accepted standards of discipline are advised not to enroll. Students must be developmentally and physically capable of participating in all classes without assistance. The Rock School reserves the right to immediately dismiss any student from the program(s) whose attitude, class attendance, work habits, interrelations with fellow students and school staff, or overall behavior is in violation of:

- The Rock School Student and Parent Handbook policies
- The rules governing The Rock School's performances
- Behavior that violates The Rock School Code of Conduct
- Local, state, or federal laws

I have read handbook and the information printed above. I understand and have discussed with my child that s/he will be expected to conduct her/himself in a disciplined manner while enrolled in The Rock School. I grant The Rock School permission to act on my behalf in safeguarding my student(s) health and safety. I understand that all payments made to The Rock School on behalf of student(s) are forfeited by the student(s) if and when he or she is dismissed from The School. I understand I am responsible for all applicable fees, as outlined in the 2017-2018 registration materials.

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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