

EN POINTE REGISTRATION

Student Name _____ Birth date _____

Address _____ City _____ State _____ Zip _____

E-mail: _____ Home Phone _____

Mother's Name _____ Mobile _____

Father's Name _____ Mobile _____

Grade in School _____ School attending _____

PRIOR DANCE TRAINING

School _____ Level _____

DISCLAIMER AND PARENT/GUARDIAN CONSENT

The undersigned parent and/or guardian of the student registered herein understands and acknowledges that there is risk involved in participating in the activity and training of dance and hereby agrees to hold En Pointe & Metropolitan Ballet, staff and /or assigns harmless of any damages, costs or other liabilities associated with any injury of any kind in the event such should occur.

Parent or Guardian Signature _____ Date _____

PAYMENT CONTRACT

This payment plan requires advanced registration for En Pointe Centre for Dance for Fall, Winter and Spring. Tuition is to be paid in quarterly or monthly installments regardless of the number of classes in any given time period as tuition is prorated. Payments under the monthly agreement are due on the first of each month. Payments under the 3 quarterly agreement are due September 1, December 1 and March 1. A non-refundable \$35 annual registration fee is required upon enrolling. All payments must be paid to Metropolitan Ballet by cash, check or money order..

CANCELLATION

In the event a student wishes to withdraw from the school for any reason a 60 day written notice must be delivered by U.S. Mail to En POINTE Centre for Dance. Tuition will be prorated 60 days forward from the receipt of the notice and all tuition through that date must be paid to cancel this agreement.

ACKNOWLEDGEMENT

I hereby abide and agree to the En Pointe payment agreement and agree to pay the *TOTAL TUITION AMOUNT and REGISTRATION FEE to En Pointe Centre for Dance. My signature indicates that I have read and understand the above conditions and agree to abide with the terms of this contract.

CLASS _____ *TOTAL TUITION AMOUNT _____ REGISTRATION FEE \$35

Payment Plan: Monthly (10 Months)) _____ Semi – Annual: _____ Annual (10% Disc.) _____

Parent or Guardian Signature _____ Date _____