

TheStudio

For Dance & the Arts

The School of the Rockbridge Ballet

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REGISTRATION FORM

Dancer's name: _____ Birth date: _____ Age: _____

Dancer's email address (if applicable) _____ Dancer's cell: _____

Parent/Guardian 1 name: _____ Parent/Guardian 1 cell: _____

Parent/Guardian 2 name: _____ Parent/Guardian 2 cell: _____

Home phone: _____ *Parent/Guardian 1 email: _____

(* at least one email address is required) Parent/Guardian 2 email: _____

Mailing address: _____

Does your child have any health conditions we should know about?

No _____ Yes: _____

TUITION AGREEMENT:

I will be responsible for tuition payments until notification of withdrawal. I understand a 30-day written notice must be given to TheStudio in the form of a letter to the Director in the case of dropping a class, or not continuing the training period. Payments made in installments are due on the 1st of the month regardless of any absences. After the 10th of the month a \$15 late fee will be applied to the account. I understand that there will be a \$30 service fee charged on all returned checks. I understand there will be no deductions for classes not attended. Make-up classes can be arranged through the Director/Teacher. I have read and agree to the 2026-2027 Payment Policies and Procedures.

Signed: (Parent/ Legal Guardian/ Adult Student/Payor) _____ Date _____

PHOTOGRAPHIC RELEASE:

I give permission for photographs of my child in dance class or performance to be used in promotional material for The Rockbridge Ballet and TheStudio in both web and print publications.

Signed: (Parent/ Legal Guardian/ Adult Student) _____ Date: _____

Or please check here _____ if you do not wish for your child to be photographed.

RELEASE FROM LIABILITY:

I, the undersigned adult student or parent/ guardian of _____, a minor, recognizing that classes involving physical activity may result in personal injury, do hereby release, discharge, and agree to hold harmless and safe from any and all liabilities The Rockbridge Ballet, and TheStudio its officers, agents, employees, and independent contractors from any and all claims, demands, rights, actions and clauses of actions arising out of the activities of said business, specifically including, dance, gymnastics, and related classes, practices, and performances, on account of or in any way arising out of any and all known and unknown personal injuries and property damage, including consequential damages, which I may now or hereinafter have as the parent / guardian of this said minor on his/her own behalf.

Signed: (Parent/ Legal Guardian/ Adult Student) _____ Date: _____

CLASSES registering for (class, day, time, level):

2026-2027 TUITION

<u>Pricing</u>	<u>9-Pay (Monthly Sept-May)</u>	<u>Year</u>
First Steps	\$55	\$495
1 Class	\$75	\$675
2 Classes	\$145	\$1,305
3 Classes	\$215	\$1,935
4 Classes	\$280	\$2,520
5 Classes	\$340	\$3,060
6 Classes	\$378	\$3,402
Unlimited	\$385	\$3,465

Class tuition may be paid in one of three forms: cash, check, or credit card (Visa, MasterCard, or Discover). Payments of cash may be given directly to the Director or Office Manager in TheStudio lobby by the first of each month so that a receipt might be provided. Checks may be mailed to The Rockbridge Ballet at P.O. Box 150 Lexington, VA 24450 or dropped in the black secure mailbox in TheStudio lobby by the first of each month. Credit card payments may be set up for automatic monthly posting at the time of registration by Joanna Smith, Office Manager. Credit Card Payments for tuition fees have a 3% processing fee added to offset the cost of the merchant fees charged to The Rockbridge Ballet.

Total number of classes: _____

-5% Deductions for additional siblings (equal or lesser) \$ _____

Please include a \$35 registration fee per dancer or \$45 per family. This fee is non-refundable and is not applied to tuition fees. Registration Fee: \$ _____

Payment options annual payment in full at the time of registration (no later than Sept. 1) -5%; semi-annual: 2 equal payments at the beginning of each semester (Sept. and Dec.) or 9-Pay: 9 monthly equal installments beginning in September and ending in May. If you would like to request a payment plan, please contact our office manager "Jo" at rockbridgeballet@gmail.com.

I wish to have my credit card charged automatically when payment is due on the 1st of the month.

I have attached a completed Credit Card Authorization Form.