

BAIRD BALLET ENROLLMENT
2407 GARDEN LAKES BLVD. ROME, GA. 30165
706-232-3659 www.bairdballet.com

Student's Full Name _____ Date of Birth _____

Age as of September 1. _____

Parent's Name _____ Home Phone _____

Address _____ City/State _____ Zip _____

School Presently
Attending _____ Grade _____

Email
Address _____

Cell Mother _____ Cell Father _____ Work Mother _____ Work Father _____

Emergency Number (Relative) _____

Years of previous dance experience: Ballet _____ Tap _____ Jazz/Hip Hop _____

Time and Day of class will be taking starting Sept _____

The Baird Ballet has permission to use photographs that may be taken in the studio or performing that may include your child for any advertising such as brochures, newspaper or Baird Ballet website. Yes No

Confidential

Is there anything special we need to know about the student? _____

_____ Medical and Medication _____

Learning/Behavioral/Handicaps _____

I understand and agree to the following (initial each):

- _____ 1. Tuition is based on a yearly fee schedule, but may be paid monthly
- _____ 2. Tuition payments are due on the first of each month, September through May, and are considered delinquent if not paid by the 10th of each month. A \$3.00 late fee will be charged for late payments.
- _____ 3. Tuition payments and all remaining fees (costume fees, late fees, etc.) must be current in order for student to participate in any Baird Ballet performance or year-end programs.
- _____ 4. If student needs to withdraw from classes, I am responsible for tuition in full until such time as a withdrawal form is completed and turned in to the school office.
- _____ 5. Registration fee for new students is \$20.00, plus the first month's tuition (non-refundable). A \$10.00 registration fee will be charged to returning students if not registered by August 16th.
- _____ 6. By signing below, I do hereby release Baird Ballet and their agents or representatives of liability for my child (or myself) of any injury to my child (or myself) in class, while on the school campus, or while participating in Baird Ballet sponsored performances. I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) listed on the student's registration form. In the event next of kin cannot be contacted for the health and well-being of my child (or myself), I hereby authorize the Director or Instructor of Baird Ballet School to authorize whatever medical treatment that might be necessary in an emergency situation. I understand that my medical insurance carrier and I are financially responsible for any medical treatment extended to my child (or myself), and that Baird Ballet and its agents or representatives cannot be held accountable or liable for such medical treatment.

_____ Date

_____ Student's Name (if 18 or over)

_____ Date

_____ Parent's Name (if responsible for student's tuition)