



## Registration Form 2010-2011

How Did You Hear About Revelle Academy? \_\_\_\_\_

Why did you decide to enroll at Revelle Academy? Knowledgeable Instruction \_\_\_\_\_ Convenient location \_\_\_\_\_  
Friends \_\_\_\_\_ Wood Sprung Floors \_\_\_\_\_ Fun \_\_\_\_\_ Variety of Classes \_\_\_\_\_ Live Accompanist \_\_\_\_\_  
Pre-Professional Dance Program \_\_\_\_\_ Other \_\_\_\_\_

### Account Information (Name of Parent/Guardian)

Last Name		First Name	
Street Address			
City		State	Zip
Home Phone		Work Phone	
Cell Phone			
Spouse Name			
Spouse Phone		Cell	Work
E-mail			

### Student Information

Last Name		First Name	
Street Address (If different)			
City		State	Zip
Birthday (MM/DD/YR)			
School		Grade	Age

Does the student have any Medical Problems that we need to be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Payment Agreement

I have read and understood the tuition policy for Revelle Academy. I acknowledge that I am enrolling for a full season, through June 11<sup>th</sup>, 2011. I further acknowledge responsibility for the full season's tuition, which will be paid in advance Monthly, Semi-Annually, or Annually according to my preference and in agreement with Revelle Academy. I understand that there are no refunds, and that if I decide to discontinue mid-season, there will be no re-imbusement of tuition or fees for any reason. All tuition payments are required to go on auto pay to be drafted on the 15th of each month, (10 installments; August 15<sup>th</sup> -May15th) during the 2010-2011 season.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I Would like to pay by: VISA \_\_\_\_\_ MC \_\_\_\_\_ (Monthly \_\_\_\_\_ Annually \_\_\_\_\_)

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXP: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

### Do Not Write Below-For Office Use Only

Level _____	Payment Terms _____	Total Due at Registration _____
Price _____	Reg. Fee _____	Total Amount Paid _____



## STUDENT CONDUCT AGREEMENT

As a student of Revelle Academy I understand that I am committing to abide by the rules and standards list below. Please initial each and then sign below.

1. I will be on time for my classes and dressed according to the dress code for my level, which includes appropriate apparel, shoes and hair\_\_\_\_\_.
2. I will respect the instructors and other students in every word deed and thought as long as I am a student of Revelle Academy.\_\_\_\_\_
3. I will be a good listener in class and only speak when permitted by the instructor. I will raise my hand if I have any questions, comments or concerns. I will not be disruptive in class, or leave class unless given specific permission by the Instructor in charge. I will not run while inside Revelle Academy's facility \_\_\_\_\_.
4. I will leave my negative emotions and attitude at the door and give my best effort every day I am present at Revelle Academy.\_\_\_\_\_
5. I will continually strive to better myself as an artist and individual, never comparing myself physically or technically with other students.\_\_\_\_\_
6. I will not bring or eat candy, gum, or other food into any of the Dance Studios. Bringing water into class is highly recommended as are other non-sugar based sports drinks.\_\_\_\_\_
7. I will always speak highly of other students and instructors. I will never degrade, speak ill of, yell at, tease, profane or name-call any other student, staff or person attending or working for Revelle Academy. If I do so I will be given a warning the first time, be on a two week probation the second time and dismissed as a student at the third occurrence. \_\_\_\_\_
8. I will maintain a winning, positive attitude at all times.\_\_\_\_\_
9. If I have any concerns or problems about anything with other students or an instructor, I will commit to willingly work it out with the other person(s) involved. I will seek to resolve the issue directly with the person(s), prior to involving the artistic director, management, or 3<sup>rd</sup> party persons.\_\_\_\_\_
10. If I miss a class I must make it up in the level below me within 30 days.\_\_\_\_\_
11. I will maintain a 90% or higher attendance record throughout the academy year.\_\_\_\_\_

I will also strive to become a well-rounded healthy person and citizen, by being of service to my family members, friends, school and community. I will better myself daily by working on my talents and creating a more meaningful life for myself and those around me. \_\_\_\_\_

Student Sign. \_\_\_\_\_ Date \_\_\_\_\_

Witness Sign. \_\_\_\_\_ Date \_\_\_\_\_



## GENERAL POLICIES

### TUITION- PLEASE INITIAL

- 10 Monthly installments are paid in advance & automatically withdrawn from your Checking account (Debit Card), or Credit Card Account (Visa or Master Card). All accounts will be charged on the 15<sup>th</sup> of each month August 15<sup>th</sup> 2010—May 15<sup>th</sup> 2011 (10 monthly installments). Tuition will not be pro-rated due to Holiday breaks. (Christmas, Spring Break, Martin Luther King Jr. Day, Labor Day, Halloween or other Holidays) Tuition is based on a 40-week schedule.

-Tuition, Registration Fees, performance fees and other costs are non-refundable and non-transferable. \_\_\_\_\_

-Tuition covers student's instructional classes only. Tuition does not cover performance and costume fees, competition fees, master classes, individual private classes or auditions. \_\_\_\_\_

- I intend to have my child or myself (if 18 or older) attend dance or performing arts classes at Revelle Academy until the end of the 2010-2011 season. \_\_\_\_\_

- I intend to have my child or myself (if 18 or older) attend the 2011 Spring Performance. \_\_\_\_\_

-I understand that Students enrolled in the Professional Program are **required** to participate in the 2011 Spring Recital & Ballet to maintain their Professional Program status and placement \_\_\_\_\_

- Student who have excessive absences or who withdraw early **will not** receive tuition reimbursement. If you miss one or several classes, you still are obligated to pay the tuition. \_\_\_\_\_

-Students must make up missed classes by attending a similar class, or level, or the level below **within 30 days of absence**. No refunds or pro-rated tuitions will apply if the student is absent. The student must make up the class in the semester that the student has missed. \_\_\_\_\_

-A **written** notification must be submitted **30 days** in Advance if the student decides to quit. After receiving the notification in writing, the account holder will be billed for an additional 30 days. \_\_\_\_\_

-I understand that Revelle Academy reserves the right to disenroll any student due to student and/or parental breach of Conduct Agreement, with no tuition refund. \_\_\_\_\_

-No filming or picture taking is allowed during classes, rehearsals or performances. \_\_\_\_\_

### OTHER- PLEASE INITIAL

I give permission for my child to be photographed and videotaped during the performances and for Revelle Academy to use these for promotional purposes. All rights are retained by Revelle Academy. \_\_\_\_\_

I understand that Revelle Academy cares about each student & their safety. Therefore Revelle Academy's faculty and staff cannot supervise students that visit local food vendors before and after class. Such trips should be with parental supervision & permission. Revelle Academy Faculty & staff have commitments throughout the day to teach class & assist in the office. If you realize you will be more than 15 minutes late after your child's class is over, please contact the Academy immediately. I understand late fees may be assessed. \_\_\_\_\_

I have been informed that I am responsible for on time payment of the tuition which is due in advance on the 15<sup>th</sup> of every month. I understand that monthly billing statements are not at this time mailed. \_\_\_\_\_

I understand that I am as a parent or guardian obligated to attend the performance information meeting and the parent orientation meeting. \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_



## *Authorization for Medical Treatment*

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child, \_\_\_\_\_ as they may deem advisable.

Student Medical  
Conditions/Allergies \_\_\_\_\_

### *In Case of Emergency Please Notify (other than you)*

1. \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship \_\_\_\_\_

2. \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship \_\_\_\_\_

Further, in consideration of my child's participation in this program, I, \_\_\_\_\_ parent/legal guardian of \_\_\_\_\_, intending to be legally bound, so hereby waive, release and forever discharge any and all rights and claims for damages, including any claim for loss, damages, or injury to myself or my child's person or property arising from the performance or failure of performance of the Revelle Academy and its representatives, successors and assigns. I certify that my son/daughter is in good health and physical condition and is able to and capable of participating in the classes he/she is enrolled.

Student's Name (print) \_\_\_\_\_

Parent/Guardian (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For questions, please contact Revelle Academy at 941-379-1915**