

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

Level: \_\_\_\_\_

ARKA BALLET ACADEMY

2023-2024 REGISTRATION FORM

STUDENT INFORMATION

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Preferred Name

_____	_____	_____	_____
Street Address	City	State	Zip Code

( ) -	_____
Student Phone Number (if applicable)	Student Email Address (if applicable)

_____	/ /	_____	YES / NO	_____
Age	Birthdate	Gender	New to ASCB?	Current Academic School (please specify if home schooled)

PARENT/GUARDIAN CONTACT INFORMATION\*

*PRIMARY CONTACT:*

_____	_____
Full Name	Relationship

( ) -	( ) -	_____
Primary Phone Number	Secondary Phone Number	Email

*SECONDARY CONTACT:*

_____	_____
Full Name	Relationship

( ) -	( ) -	_____
Primary Phone Number	Secondary Phone Number	Email

\*ASCB emails will be sent to the primary contact only, please notify the office if you'd like additional contacts to be notified.

EMERGENCY CONTACT INFORMATION

_____	_____	( ) -	( ) -
Full Name	Relationship	Primary Phone Number	Secondary Phone Number

_____	( ) -
Name of Physician	Physician Phone Number

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

Level: \_\_\_\_\_

Does the student have any injuries (previous or new)? Please explain. \_\_\_\_\_  
\_\_\_\_\_

Does the student have any allergies? Please explain. \_\_\_\_\_  
\_\_\_\_\_

.....  
**CONSENT AND RELEASE**  
.....

As the parent or legal guardian of the aforesaid child, I consent to my child’s participation in the ARKA Ballet Academy dance training program, auditions, rehearsals, and performances, as well as recreational activities at various locations to enrich his/her dance experience. I understand that dance is a very physical activity and there is a risk of accident or injury inherent in dance.

I am aware that dance is a physical activity which requires touch and hands-on corrections from teacher to student to reinforce proper alignment and positioning of the body. I agree that the iDance, LLC (DBA ARKA Ballet Academy) along with its employees, consultants, volunteers, advisors, directors and/or agents shall not be responsible for any injuries to be caused during my child’s participation.

I do hereby voluntarily waive and release any and all actions, claims, and demands for any damage, injury, or loss to person or property which may be sustained by myself, my child and/or ward directly or indirectly during the course of or as a result of my child’s participation as set above.

I hereby grant permission to person(s) listed as emergency contact, my child’s physician, ASCB’s directors or the director’s designee to take whatever action is deemed necessary for the health of the aforesaid child in case of injury, accident, or illness until I, my spouse, or the child’s legal guardian can be contacted.

I further authorize the release to health care workers any medical and personal information ARKA Ballet Academy or the person listed above may have regarding the student and the use of such information by health care workers in the subsequent medical treatment of the student.

.....  
**HEALTH INSURANCE**  
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I certify that my child is covered by a medical plan or health insurance that includes coverage for injuries that may be sustained while a student is participating in classes, rehearsals, performances or any activities sponsored by ARKA. We/I will assume all responsibility for the payment(s) or medical treatment if an injury does occur while he/she is a student at iDance, LLC (DBA- ARKA Ballet Academy).

ARKA will not be responsible for any cost or liabilities resulting from a lack of medical coverage. Please note: ARKA does not provide any medication to the student.

I acknowledge that I have read and understand this Consent and Release and have had any questions answered to my satisfaction.

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian

Date

Student Name: \_\_\_\_\_ Level: \_\_\_\_\_

**PUBLICITY RELEASE**

I hereby give my permission and consent for my child’s image to be included in promotional materials such as marketing brochures, posters, flyers, videos, and website for Arizona School of Classical Ballet, its programs and productions without compensation to the student.

Signature of Parent/Guardian	Date

**REGISTRATION INFORMATION**

Today’s Date: \_\_\_ / \_\_\_ / \_\_\_

**When enrolling in any ARKA Ballet Academy programs, Please remember that your child is registered for the full school year (August 15th, 2023 – May 31st, 2024). Please see ARKA Ballet Academy required fees below. Registration fee and deposit will be due at the time of registration.**

Your dancer will pay a deposit of **\$50** (for tiny Bunheads, and Intro to Ballet levels), OR, **\$75** (all other levels), that is due with your registration form. This deposit will be refundable if your dancer completes the full year (August 2022-May2023) at ARKA Ballet Academy.

Each dancer will also have a registration fee of **\$35**. Paid at the time of registration.

We offer a tuition discount for families with multiple dancers. Do you have multiple dancers? YES NO. Please list your other Dancers and their Levels who will also be attending ASCB.

- 1. \_\_\_\_\_ Level: \_\_\_\_\_
- 2. \_\_\_\_\_ Level: \_\_\_\_\_
- 3. \_\_\_\_\_ Level: \_\_\_\_\_
- 4. \_\_\_\_\_ Level: \_\_\_\_\_

**PERFORMANCE PARTICIPATION**

ASCB students will have an opportunity to participate in all productions the school will be involved in. Please indicate below if you would like your child to participate in the winter and/or spring productions:

My child will participate:

\_\_ in BOTH productions \_\_in WINTER production \_\_in SPRING production \_\_in NO productions

**AGREEMENT**

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Please **read** and **initial** each statement below, indicating that you understand and agree to the following:

- The ASCB season is from the first week of August through May 2023. (Please see ARKA's calendar for exact dates).
- Tuition payments are DUE monthly by the following dates (first Monday of every month):  
Fall Semester: August 1st, September 6th, October 3rd, November 7th, December 5th  
Spring Semester: January 2nd, February 6th, March 6th, April 3rd, May 1st  
If you pay tuition as a Semi-Annual Payment (discount is available): August 1st and January 2nd.  
Discount will not apply for prorated tuition.
- Payments may be made by cash, check, or credit/debit card. (Please note: 3.7% Administrative fee will be charged on all credit/debit card payments).
- If not available to pay in person please mail your tuition postmarked no later than 5 days after the payment date to avoid late fees (see policy and fees below).
- \$30 return check fee will be added on all insufficient fund checks.
- All accounts are required to have a credit/debit card on file. Tuition payments will be automatically charged to that card with an additional \$20 late fee one week past the tuition due date. The parent, who signed the registration form, is responsible for the full payment amount. We do not send statements. If your credit/debit card transaction does not go through on the date one week after the due date, an additional \$10 will be automatically added to the late fee. Once a student becomes inactive the card will no longer be charged. (See the withdrawal policy below for clarification)
- If your child is no longer taking classes, the studio **MUST BE NOTIFIED** in writing, either by email, or direct written letter of communication to the office staff. Any outstanding fees on the account for the current session must be paid in full upon withdrawal. If you do not notify the office of withdrawal, you are at risk of being charged.
- If your child is absent due to any reason: illness, vacation, other activities, payment is still due on the dates indicated above.
- Tuition is non-refundable and will not be pro-rated or refunded for missed classes. Any student who has missed or will miss a class may make-up classes in the level below within the same semester.
- If a student is going to be late to class, please call the front desk and we will notify the teacher. If a student is going to be late 10 minutes or more, their admittance into class is at the discretion of the teacher. The teacher will take into consideration whether or not the class is already warmed-up and if it would be unsafe for the late dancer to join class and also determine how disruptive the late arrival would be to the rest of the class. If a teacher determines the student is unable to attend class, make-ups may be made.
- If your child is going to be absent, you must email or call to inform administration so we can document your file and accommodate a makeup day if applicable.
- We enforce a dress code. Students not dressed according to the dress code including shoes and hair appropriately done will not be permitted to take class. Please check the dress code for your dancer's level attire. **ALL STUDENTS** should arrive and leave with appropriate clothing covering their dance attire. Please **DO NOT** wear your ballet shoes outside of the studio (for the purpose of keeping your shoes and our dance floors free from dirt and damage).

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

Level: \_\_\_\_\_

**PAYMENT**

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**Payment Plan:**     Monthly                       Semi-Annual (2% discount)

**Method of Payment:**

Cash     Check     Credit/Debit Card (3.7% fee)                      [ Autopay]

All accounts are required to have a card on file (please review the previous page). Please provide card information below.

Name of Cardholder		Card Number	Expiration Date
Zip Code	CVV Code	Signature	

If you selected autopay as your method of payment and the card above differs from the card you'd like to have charged automatically, please provide different card information below.

Name of Cardholder		Card Number	Expiration Date
Zip Code	Code	Signature	

I acknowledge that I have read, understand, and accept ASCB's payment and refund policies and all questions have been answered to my complete satisfaction. I agree to pay the tuition in full for the option I have selected above. I understand that I am not entitled to a refund should my child withdraw from the program. I understand that I will be responsible for all tuition payments until which time I officially release my child from the program.

Signature of Parent/Guardian	Date	