



TAMPA CITY BALLET
DANCE SCHOOL

REGISTRATION PACKET 2023-2024

Student Information:

Name : _____

Birthdate: _____

Email: _____

Billing Name (Parent 1) _____

Address _____

City State Zip Code _____

Home Phone Number _____

Cell phone Number _____

Billing Name (Parent 2) _____

Address _____

City State Zip Code _____

Home Phone Number _____

Cell phone Number _____

Email: _____

Emergency Contacts

Name: _____ Phone

Number: _____

Name: _____ Phone

Number: _____

Student's Medical
Conditions/Allergies _____

Parent Signature: _____

Date: _____

Office Use Only:

Class Level: _____

Tuition Amount: \$ _____

Participation Fee: \$ _____

Registration Fee _____

Total Due \$ _____

PAYMENT TRACKER

REGISTRATION FEE: _____ PERFORMANCE FEE: _____

_____ FULL YEAR _____ HALF YEAR

_____ AUGUST _____ SEPTEMBER _____ OCTOBER _____ NOVEMBER _____ DECEMBER
_____ JANUARY _____ FEBRUARY _____ MARCH _____ APRIL _____ MAY _____ JUNE

ADDITIONAL FEES (IF APPLICABLE)

CHOREOGRAPHIC WORKSHOP: _____

PARTNERING WORKSHOP: _____

WINTER PROGRAM: _____

MORNING TCB PROGRAM: _____

SUMMER INTENSIVE: _____

Tuition Agreement

Tuition is \$ _____ for the year.

SELECT ONE OPTION:

By whole year (with 5% discount)

Due at time of registration.

Method of Payment: _____

By 11 payments

1st payment due at time of registration. Subsequent payments due on the 1st of the month ending with the final payment June 1st.
Checks, Credit Cards, and Cash are accepted as methods of payment.

Cash, Check or Credit Card Received in the office on the 1st of each month (late fee of \$25 added after the 5th of each month) ~or~ Authorization of Credit Card to be run through on the 1st of each month

Name on the Card: _____

Type of Card: _____ Card

Number: _____ CVV: _____

Expiration Date: _____ Billing Zip Code: _____

I, the undersigned, acknowledge this tuition amount. I understand that I will owe the remaining balance of full amount for the year

Billing Name: _____

Signature: _____

Date: _____

Registered on (Date) _____

by (Office Person) _____

Total paid today: _____

Important Information and Policies/ Family Commitment Contract

- Class sizes are limited. Advanced registration ensures enrollment. Tuition and fees are due at the time of registration. Payments may be made by check or cash (or by credit card if on the 11 payment tuition plan). Tuition and Annual Registration Fee are non-refundable. Schedule, instructors, and prices are subject to change.
- All students must complete and submit the registration form and release forms before classes begin. Students will not be allowed to attend class without completed paperwork and tuition payment.
- Placement into all classes, as well as participation in the performances is subject to instructor approval in support of the class curriculum.
- Only dance students are allowed beyond the front desk. Parents are asked to wait in the lobby. All classes are closed for viewing so that teachers and students can retain their focus without distraction.
- If a parent needs to speak with the office administrator or with the faculty, an appointment time will be set up through the office staff at the front desk. The office is now closed to parents unless a meeting has been set up.
- Attendance at all classes is expected. If the student is unable to attend, the parent or student must call ABS at 558-0800 or email info@americasballet.com prior to their class time.
- Make-up classes: Students may make-up missed classes in an equal or lower level in the same month as the missed class. Students arriving 15 minutes late for class must observe class only.
- Participation in TCBS performances is mandatory for all students. Please mark this year's dates in your calendar(s) now. Your tuition includes the participation fee and one costume rental fee for this production.
- I will support my child in his/her efforts in attending TCBS by ensuring punctual transportation for my child, supporting classroom methodology, and respecting the relationship between my child and his/her instructor.
- I will be aware of my child's other activities and plan accordingly. If my child cannot attend class, I will contact the School via telephone or email to notify the instructor of the absence. I understand this notification must be received prior to the start of the class. Also, before the session begins, I will notify the School of any anticipated absences, via email or in-writing.
- I understand that excessive absences from classes may result in my child's exclusion from performances.
- I will be aware of all TCB calendars, schedules, and policies. I will be responsible for my child's consistent participation in all scheduled events. I understand that email is the primary mode of communication between TCB and me.
- I understand that my child's attendance at all technical and dress rehearsals is required to participate in the performance. In addition, I understand that my child's participation in the end of the year performance is mandatory.
- I will respect the judgment of TCBS faculty regarding my child's progress in the program.
- I will remain in the lobby of TCBS while my child is in class. I understand that standing and watching through the window is distracting for my child, his/her classmates, and the instructor.
- I understand that if I need to speak with an instructor or administrator, I will need to set up an appointment at the front desk or via email.
- I will maintain a mature attitude in dealing with problems by stating the problem clearly, offering potential solutions, and remaining open to suggestions.
- I will be respectful of different viewpoints, cultures, and lifestyles.

By attending TCBS you voluntarily assume all risks related to exposure to COVID-19 and agree not to hold the school or any of the affiliates, directors, faculty, staff or volunteers for any illness or injury.

Parent/Guardian Signature: _____

Date: _____

Student Commitment Contract

- I will be in class, ready and focused before the class begins. I will take sole responsibility for being on time to all classes, rehearsals, and performances. I will come to class and rehearsals prepared.
- I understand that attendance is important to my growth as a dancer. I will strive to have as few absences as possible during the entire year.
- I understand that attendance at all technical and dress rehearsals is required to participate in each performance. In addition, I understand that my attendance at all scheduled performances is mandatory if the course or program had multiple performances.
- I will be focused throughout each class. I will be supportive of my peers and participate fully for the duration of each class. I will maintain a consistently respectful attitude towards my class, my peers, my instructor, TCBS administrators, and the facility.
- I will respect all TCBS equipment by using it only for its intended purpose and taking proper care of it. I will return all equipment to its proper storage place after each class. I will take responsibility for lost or damaged property.
- I will respect the School's facility and help to preserve it for future students by cleaning up after myself and behaving appropriately at all times.
- I will only eat and drink in designated areas. Only water is allowed into the studios. I will never chew gum in the building.
- I will commit to daily improvements in my work. I will take responsibility for, and contribute to, the success of each class.
- I will attend performances that complement my class work and broaden my understanding of the arts as a whole.
- I will be persistent. I will strive for consistency in my class work by accepting setbacks and refocusing my energies.
- I will maintain a mature attitude in dealing with problems by describing the problem clearly, offering potential solutions, and remaining open to suggestions.
- I will practice good behavior in and out of the classroom. I understand that students younger than I am look up to me and therefore will be a good role model. I understand that at each event outside of TCBS I am representing TCB and will behave accordingly. I will exercise common sense in all of my activities at the School.
- I will be respectful of different viewpoints, cultures, and lifestyles.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Hold Harmless/Liability Agreement

Realizing that my child’s participation in dance lessons at Tampa City Ballet School involves physical activities, the nature of which might result in injury to me/my child, I, the undersigned parent/guardian, give my full permission for my child to register and participate in dance lessons at Tampa City Ballet School, and hereby release and hold harmless Tampa City Ballet School, its affiliates, assignees, contractors, lessees, and personnel from any and all liability for any injuries or illnesses or the loss and/or damage to any personal property that I/my child might incur during the production and/or class sessions, whether or not such injury or loss results from Tampa City Ballet School or its employees. It is also understood that performing arts instruction involves corrections that may include physically touching the student as part of regular class work and rehearsals.

Parent/Guardian Signature: _____ Date: _____

Visual Representation and Publicity

I, _____ hereby grant permission to Tampa City Ballet School representatives, to take and use: photographs, digital images, and videos of me for use in news releases and/or educational materials. These materials might include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Tampa City Ballet School.

Parent/Guardian Signature: _____ Date: _____

Consent to Medical Treatment

In an emergency, when parental permission is not available, we hereby give our permission for a staff member of Tampa City Ballet School to consent to medical treatment of our child and/or ward.

Parent/Guardian Signature: _____ Date: _____