Releve Performing Arts Student Enrollment

**at least one phone number and one email is required.

**Your first month's tuition and registration fee is due at the time of enrollment. NO REFUNDS

***Credit or Debit Card MUST be on file regardless of paying cash. Card will be ran by 1st day of month if not paid before

Student Name:	Birth Date		
Address			
City		Zip	
Medical Notes			
Please Check Classes	Enrolling In:		
Beg. Ballet	Int./Adv. Acro 2hrs	Mini Jazz (ages 4-6)	
Int. Ballet	Beg. Acro	Mini Hip Hop (ages 4-6)	
Adv. Ballet	Beg/Int Hip-Hop	Mini Acro (ages 3-6)	
Beg. Jazz	Int/Adv Hip-Hop		
Int. Jazz	Pointe 3 hrs		
Adv. Jazz	Ballet/Tap 1 (ages 3-4)		
 Beg. Lyrical	Ballet/Tap 2 (ages 5-6)		
Int. Lyrical	Tap (all levels: ages 7 & up)		
Adv. Lyrical		• ,	
Mother:	Phone		
Email			
Father:	Pho	ne	
Email			

Payment Options

Tuition: first model Monthly \$		n is due at the time of	of enrollment		
	· · · · · · · · · · · · · · · · · · ·	iscount (5% for sem	ester) \$		
Year in full with 10% discount (5% for semester) \$ **Includes monthly tuition ONLY					
Recital Costum	e and Fee:				
I agree to pa	ay \$	on October 15th. (3	0 days after enrollmer	nt Date)	
I agree to pa	ay \$	in 3 monthly payme	nts on the 1st of each	month that will be	
charged with my	y tuition. (se	eptember, october, no	ovember)		
Tuition is paid or Tuition is not prorat	on remains the san the 1st of every ed, if you miss a Add on classes now pay your recitation.	ame, September-May, regard month, a late charge will be class or due to holidays. If I announce must be taken in conjunction	with another class or they are avoid a large bill in October. N	n the month not received by the 2nd dly, a makeup class will be \$45.00	
Credit Card In	formation:				
(Circle One)	Visa	Mastercard	Discover		
Number:					
		 			
Exp. Date					
Billing Zip Cod	le				
CSV Number _		_			
Office Use Only:					
Total Due:	To	tal Paid:	Total Owed:		

Policies Agreement Form

Payment Information

Tuition is due by the first of each month. If accounts are paid after the 1st of the month, there will be a \$15.00 late fee applied to the account balance. Students will not be allowed to enter the classroom if their account is not balanced. There will be NO REFUNDS for annual fees or tuition paid monthly or year in full. Tuition is not prorated if you miss a class or due to holidays. If RPA cancels a class unexpectedly, a makeup class will be announced at no charge. <u>All accounts are required to have a credit or debit card on file to attend RPA</u>.

Annual Fees

RPA charges three required annual fees throughout the year. A \$25.00 registration fee is due immediately upon registering for the current season. A \$85.00 costume fee, per class, is due October 15th for any class that participates in the annual recital and a \$100.00 recital fee is due by October 15th for each child that participates in recital, with a maximum fee of \$175.00 for a family. Costume fees and recital fees can be divided and paid in payments over the months of September, October, and November, and would be charged with tuition on the 1st of each payment month. NO REFUNDS

Information Responsibility

It is the responsibility of the parent or adult student to be aware of all RPA functions and events such as viewing days, recitals, performances and dates the studio is open and closed, including inclement weather closings. PLEASE FOLLOW OUR FACEBOOK PAGE FOR UPDATES. Emails are sent as well.

Media Release

As the legal parent or guardian, I release all team and/or individual photographs, videos, quotes, interviews and/or other "media" of the participant and/or the undersigned to Releve Performing Arts.

Release Of Liability

As the legal parent or guardian, I release and hold harmless Releve Performing Arts, its' owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises of any premises under the control and supervision of Releve Performing Arts, its' owners and operators or in route to or from any of said premises

Medical Emergency

participant in the event they are not able	leve Performing Arts, its' owners and operators to seek medical treatment for the to reach a parent or guardian. I hereby declare any physical/mental problems, the participant to be in good physical and mental health. I request that our		
doctor/physician	be called and that my child be transported to		
hospital.	Please include physician's phone number		
Signature Release I hereby acknowledge that I have read agree to participate accordingly.	I the statements above, as well as the RPA studio's policies and procedures and		
Name	Date		