

Northern Plains Dance Academy Registration 2009 - 2010

REGISTRATION DATE

___/___/___

STUDENT 1 BIRTH DATE

<input type="checkbox"/> Creative Movement T 4:30	<input type="checkbox"/> Pre-Ballet S	<input type="checkbox"/> Ballet 4	<input type="checkbox"/> Teen Ballet	<input type="checkbox"/> Jungle 3
<input type="checkbox"/> Creative Movement T 5:30	<input type="checkbox"/> Ballet 1 T	<input type="checkbox"/> Pre-Pointe	<input type="checkbox"/> Hip Hop 1 4:00	<input type="checkbox"/> Jungle 4
<input type="checkbox"/> Creative Movement S	<input type="checkbox"/> Ballet 1 W	<input type="checkbox"/> Intermediate Pointe	<input type="checkbox"/> Hip Hop 1 6:15	<input type="checkbox"/> Jazz 1/2
<input type="checkbox"/> Pre-Ballet T	<input type="checkbox"/> Ballet 2	<input type="checkbox"/> Advanced Pointe	<input type="checkbox"/> Hip Hop 2	<input type="checkbox"/> Jazz 3/4
Other _____	<input type="checkbox"/> Ballet 3	<input type="checkbox"/> Partnering	<input type="checkbox"/> Hip Hop 3/4	<input type="checkbox"/> Tap

STUDENT 2 BIRTH DATE

<input type="checkbox"/> Creative Movement T 4:30	<input type="checkbox"/> Pre-Ballet S	<input type="checkbox"/> Ballet 4	<input type="checkbox"/> Teen Ballet	<input type="checkbox"/> Jungle 3
<input type="checkbox"/> Creative Movement T 5:30	<input type="checkbox"/> Ballet 1 T	<input type="checkbox"/> Pre-Pointe	<input type="checkbox"/> Hip Hop 1 4:00	<input type="checkbox"/> Jungle 4
<input type="checkbox"/> Creative Movement S	<input type="checkbox"/> Ballet 1 W	<input type="checkbox"/> Intermediate Pointe	<input type="checkbox"/> Hip Hop 1 6:15	<input type="checkbox"/> Jazz 1/2
<input type="checkbox"/> Pre-Ballet T	<input type="checkbox"/> Ballet 2	<input type="checkbox"/> Advanced Pointe	<input type="checkbox"/> Hip Hop 2	<input type="checkbox"/> Jazz 3/4
Other _____	<input type="checkbox"/> Ballet 3	<input type="checkbox"/> Partnering	<input type="checkbox"/> Hip Hop 3/4	<input type="checkbox"/> Tap

HOME ADDRESS CITY ZIP

HOME PHONE PREFERRED EMAIL

PARENT/GUARDIAN NAME

ADDRESS (IF DIFFERENT THAN ABOVE)

_____	_____
EMPLOYER	WORK PHONE
_____	_____
ADDITIONAL EMAIL ADDRESS	CELL PHONE
_____	_____
EMPLOYER	WORK PHONE
_____	_____
ADDITIONAL EMAIL ADDRESS	CELL PHONE

NAME OF EMERGENCY CONTACT RELATIONSHIP PHONE

Multiple Student - Family Discounts
 10% off - 2nd child
 15% off - 3rd child
 20% off - 4th child

QUARTER 1: AUGUST 31-NOVEMBER 14

QUARTER 2: NOVEMBER 16-FEBRUARY 20

QUARTER 3: MARCH 1-MAY 15

\$25 per month/ \$65 per quarter
Partnering, Pre-Pointe

\$57 per month/ \$155 per quarter
Jungle 3, Hip Hop 3/4,
Jazz 3/4, Teen Ballet

\$92 per month/ \$235 per quarter
Ballet 2 (meets twice per week)

\$35 per month/ \$95 per quarter
Creative Movement

\$100 per month/ \$255 per quarter
Ballet 3 (meets twice per week)

\$46 per month/ \$125 per quarter
Pre-Ballet, Hip Hop 1, Ballet 1,
Tap, Hip Hop 2, Jazz 1/2,
Intermediate Pointe, Advanced Pointe

\$66 per month/ \$180 per quarter
Jungle 4

\$130 per month/ \$340 per quarter
Ballet 4 (meets three times per week)

Class Card Rates
6 classes: \$50.00
12 classes: \$100.00
15 classes: \$135.00

class cards expire 24 weeks after the purchase date.

CONTRACT:

- The parties to this agreement are Northern Plains Dance, with offices located at 1125 E. Main Ave. City of Bismarck, State of North Dakota, hereinafter referred to as NPD, and Participant, referred to on page 1, as Student name (if over 18 years of age) or Parent/Guardian name, resident at the address listed on page 1, hereinafter referred to as Participant.
- NPB/NPDA contracts with professional employees specially trained, experienced, and qualified to instruct students in all positions and movements that define classical ballet, as well as other types and styles of dance, and to perform in a professional theatre environment with Northern Plains Dance's performance company.
- NPD has offered Participant classes for self and/or dependents listed on page 1, 2, and 3, for such fees as listed below in Paragraph 4, and under the terms and conditions hereinafter set forth listed in Paragraph 4 and Participant is willing to accept all fees on such terms.
- The Participant has registered for the ____ Year or ____ Quarter. The Participant agrees that they have registered for the aforementioned dates and understands that there are no refunds, except as provide herein, and are liable for the full contract. Classes may be made up in the same or lower level. If a class is not available for make-up in the same or lower level, the Participant may get permission from the instructor and/or Artistic Director to make-up classes in a higher level. If NPD cancels classes for any reason, the Participant will be offered a make-up class at another time convenient for the majority of the specific class participants.
- NSF fee: All NSF checks will be charged a \$25.00 fee plus will be redirected to Check Control and additional fees may apply
- Monthly tuition fees are due upon receipt of invoices month in advance. Tuition not received by the 5th day past the due date of the invoice is considered late and will be assessed a \$5 late fee per week. A reminder notice will be sent home with the students whose accounts are overdue. If a third late fee is assessed on an account, the student will not be permitted to attend class until the bill is paid in full. No tuition reductions are made due to absence
- Governing Law. This agreement shall be interpreted, construed, and governed by the laws of the State of North Dakota.
- Entire Agreement; Binding Effect. This agreement constitutes the entire agreement of the parties involved and shall bind and inure to the benefit of NPD and Participant.
- Amendments. No amendments or variations of the terms and conditions of this contract shall be valid unless in writing and signed by all parties.
- Release Statement (Please Read Completely)

I hereby release Northern Plains Ballet & Dance, its employees and agents, from any liability arising out of or in any way connected with participation of son, my daughter or myself in program activities. I authorize NPB/NPD, its employees and agents, in the event that I cannot be reached by telephone at the number(s) listed above, to transport and admit my child to a local hospital for the purpose of emergency medical treatment. I release said organizations, their employees and agents, from any liability incurred for the transportation and admission of my child to a local hospital for emergency treatment. I understand that there will be no refund of any part of my registration fee, or contract fee, in the event that I cancel participation at NPB/NPD prior to or during any session.

11. Total Contrat Fees:

Student 1	
Class _____	\$ _____
Class _____	\$ _____
Class _____	\$ _____
Class _____	\$ _____
Total	\$ _____
Student 2	
Class _____	\$ _____
Class _____	\$ _____
Class _____	\$ _____
Class _____	\$ _____
Total - 10%	\$ _____

Student 1 Additional Disount (indicate reason)	\$ _____ -	% = \$ _____
Student 2 Additional Disount (indicate reason)	\$ _____ -	% = \$ _____
Registration Fee		\$10.00
Contract Total		\$ _____

I would like to make tuition payments () Quarterly () Monthly

() I would like to make automatic payments on my credit card. I understand that payments will be charged on the appropriate tuition due dates listed in the student handbook.

() Visa () Mastercard () Discover

credit card number exp date