



ACADEMY REGISTRATION

September 3, 2019 - May 8, 2020

STUDENT INFORMATION:

First Name: _____ Last Name: _____ Gender: _____

Preferred First Name (for roster): _____ Birthdate: ____/____/____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Academic School: _____ 2019-2020 Grade: _____

PARENT/GUARDIAN 1 INFORMATION:

Name: _____ Relationship to Student: _____

Address (if different from student): _____

City: _____ State: _____ Zip: _____

Email (will be used as primary email contact): _____

Cell Phone (will be used as primary phone contact): () _____

Home Phone: () _____

Employer _____ Work Phone: () _____

PARENT/GUARDIAN 2 INFORMATION:

Name: _____ Relationship to Student: _____

Address (if different from student): _____

City: _____ State: _____ Zip: _____

Email: _____

Cell Phone: () _____ Home Phone: () _____

Employer _____ Work Phone: () _____

CHILDREN'S DIVISION

CLASS

- Dance with Me
- Creative Movement
- Fundamentals of Dance
- Pre-Ballet

CAMPUS

- Bolender Center (BC)
- Johnson County (JC)

DAY OF THE WEEK:

M T W TH S

CLASS TIME: _____

PRIMARY DIVISION

LEVEL 1

- BC 1A JC 1D
- BC 1B JC 1E
- BC 1C

LEVEL 2

- BC 2A JC 2C
- BC 2B
- BC 2ROAD

PREPARATORY DIVISION

LEVEL 3

- BC 3A JC 3C
- BC 3B
- BC 3 Boys

LEVEL 4

- BC 4A JC 4A
- BC 4B JC 4B
- BC 4 Boys

PRE-PROFESSIONAL DIVISION

EVENING PROGRAM

- BC 5
- BC 6
- BC 7
- BC 8

DAYTIME PROGRAM

- All Levels

ADMIN USE ONLY

- M/B A/P
- E rec'd _____



DEVON CARNEY
ARTISTIC DIRECTOR

HEALTH HISTORY

Academy 2019-2020

STUDENT NAME: _____

Height: _____ Weight: _____

EMERGENCY CONTACT:

In the event parents/guardians cannot be reached, please contact:

Name (other than parent/guardian): _____ Relation to Student: _____

Emergency Phone 1: () _____ Emergency Phone 2: () _____

HEALTH CONDITIONS:

Please indicate any of the following conditions which have applied or currently apply to the student:

- | | | |
|--|--|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Behavioral/emotional issues | <input type="checkbox"/> Fainting/dizziness | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Gastrointestinal issues | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Headaches | <input type="checkbox"/> Vision impairment |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Other: _____ |
| Please explain any item(s) checked above: | | <input type="checkbox"/> None of the above |

ALLERGIES: *Please list all known allergies, including reaction and treatment. If allergy is severe, please provide KCBS with an emergency action plan.*

ADDITIONAL INFO: *Is there anything not discussed above that we should know about your student?*

MEDICAL INSURANCE: Please tape below a copy of the front and back of the student's medical insurance card. If you do not carry insurance for your student, please initial here: _____

FRONT

BACK



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TUITION PAYMENT

Academy 2019-2020

STUDENT NAME: _____

CLASS	PER MONTH	PER SEMESTER	FULL YEAR	REGISTRATION FEE
CM/FD/PB	\$85	\$340	\$680	\$45
LEVEL 1	\$115	\$460	\$920	
LEVEL 2	\$165	\$660	\$1,320	
LEVEL 3	\$215	\$860	\$1,720	
LEVEL 4	\$285	\$1,140	\$2,280	\$95 Includes KCBS Uniform
LEVEL 5	\$340	\$1,360	\$2,720	
LEVEL 6/7/8	\$350	\$1,400	\$2,800	
DAYTIME	\$650	\$2,600	\$5,200	

1 SELECT TUITION PAYMENT OPTION

- One Payment** - full tuition payment due at registration.
- Two Semester Payments** - first semester due at registration, second semester due January 5.
- Eight Monthly Payments** - first month due at registration, remainder due the 5th of every month, October through April (no payment for May).

2 SELECT AUTOPAY OPTION (SEMESTER AND MONTHLY)

- I am enrolling in autopay** and authorize the card listed below to be billed automatically per the payment plan option I selected above. I will update KCBS of any changes to my card.
- I opt not to enroll in autopay** and will submit payment by the due date per the payment plan option I selected above. I will add the \$30 fee to my first payment.

3 DETERMINE PAYMENT AMOUNT

Enter First Payment: _____
(Full, Semester or Month)

Add Registration Fee: _____

Add \$30 if opting out of autopay: _____

TOTAL DUE = _____

Semester and monthly options offered with autopay for no additional fee; non-autopay accounts will incur a one-time additional fee of \$30 per student.

PAYMENT POLICIES:

- Returned Check Fee is \$25.00.
- Late Payment Fee is \$20.00.
- There are no refunds after the student's first day of class.
- Enrollment is for full academic year.
- KCBS does not send invoices.
- All fees are non-refundable.
- 10% tuition discount may be applied to siblings
- Unsuccessful autopays will attempt to run the card on file once a day for five days. If still unsuccessful, a \$15 decline fee will be charged.

BY CREDIT CARD

Card Type: AMEX DISC MC VISA
 Cardholder Name: _____
 Credit Card Number: _____
 Exp: _____ Security Code: _____
 Signature: _____

BY CHECK

Check # _____
Please make checks payable to Kansas City Ballet School



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POLICY ACKNOWLEDGMENT

Academy 2019-2020

**KCBS 2019-20 Student Policy Handbook and Dress Code is available online:
www.kcballet.org/kcbparentpage**

I have read the KCBS 2019-20 Student Policy Handbook and Dress Code and have discussed all rules and policies with my student. We agree to abide by the policies and dress code.

Initial Here: _____

I understand that I am enrolling my student for a class that continues through May 2020. I understand that I am liable for the tuition for the level in which my student is enrolled.

Initial Here: _____

I understand that a \$20 late fee will be assessed if my payment is not received by the due date. I understand that students with delinquent accounts are subject to temporary withdrawal from classes and removal from participation in performances.

Initial Here: _____

I understand that there are no tuition refunds after my student's first day of class. Extenuating circumstances such as injury or relocation may be considered.

Initial Here: _____

I understand that if I wish to withdraw my student for any reason, I must submit a Withdrawal Form online. I understand I am liable for all tuition accrued and that future payments will only be cancelled if the Withdrawal Form is received by the 1st of the month.

Initial Here: _____

I understand that Kansas City Ballet School reserves the right to change the class schedule or faculty as necessary, including cancelling any class that does not have a sufficient number of students enrolled.

Initial Here: _____

STUDENT NAME (please print)

PARENT/GUARDIAN NAME (please print)

PARENT/GUARDIAN SIGNATURE

DATE

FOR NEW STUDENTS

How did you first hear about KCBS?
Please select one.

- Ad in _____
- Brochure
- Community event _____
- KCB performance _____
- KCB social media _____
- Online search for _____
- Online ad
- Word of mouth _____

What most influenced you to enroll your student?
Please select one.

- Ad in _____
- Brochure
- Community event _____
- KCB performance _____
- KCB social media _____
- Online search/KCB Website
- Online ad
- Word of mouth _____



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WAIVER AND RELEASE

Academy 2019-2020

Please read carefully before signing. This is a release of liability and waiver of certain legal rights.

LIABILITY RELEASE

As the enrolled participant and/or the parent/guardian of the participant, I agree and understand that dance/fitness training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including but not limited to serious physical injury. The participant hereby agrees to participate in activities of the Kansas City Ballet School (KCBS) and hereby agrees to indemnify and hold harmless KCBS, its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in activities of KCBS.

The participant also agrees to indemnify KCBS for any damages incurred arising from any claims, demand, action or course of action by the participant. The participant authorizes any representative of KCBS to have the participant treated in any medical emergency during their participation in activities of KCBS. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant. Any medical/health issues of which the staff should be aware are disclosed on the Health History Form. The parent/guardian will keep KCBS informed of any changes in the participant's health.

PHOTOGRAPHY/VIDEOGRAPHY/SOCIAL MEDIA RELEASE

As the enrolled participant and/or the parent/guardian of the enrolled participant, I authorize Kansas City Ballet and/or its representative, agent or employee to photograph and/or videotape and use any photograph/likeness of me or my minor child for any purpose, including publicity, choreographic archives, promotional materials, KCB social media, and/or any other reason deemed appropriate by the School Director.

I have carefully read the above releases and sign with full knowledge of their content and significance. I have read and agree to abide by all policies and procedures.

STUDENT NAME (please print)

PARENT/GUARDIAN NAME (please print)

PARENT/GUARDIAN SIGNATURE

DATE

Mail or drop off completed registration forms, payment, and signed waiver to the appropriate location before your first day of classes.

Bolender Center Registrations
Kansas City Ballet School
500 W Pershing Rd
Kansas City, MO 64108

Johnson County Registrations
Kansas City Ballet School
5359 W 94th Ter
Prairie Village, KS 66207

FOR MORE INFO:
Phone: 816.931.2299
school@kcballet.org
www.kcballet.org



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ADDITIONAL INFORMATION

Academy 2019-2020

FOR ALL STUDENTS

For grant purposes, we would appreciate your responses to the following demographic questions (*optional*).

What race/ethnicity do you identify with?
Please mark one for each column header.

What is your total household income before taxes?
Please select one.

	Enrolled Student	Parent/Guardian 1	Parent/Guardian 2
American Indian or Alaska Native			
Asian			
Black/African American			
Hispanic, Latino, or Spanish Origin			
Native Hawaiian or Pacific Islander			
White/Caucasian			
Other Race, Ethnicity, or Origin			

- Less than \$25,000
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more

ENGAGE WITH KCBS!

Please select any of the following:

- I would like to volunteer with Kansas City Ballet School.
- I would like more information on becoming a season subscriber.

DONATE TODAY!

Kansas City Ballet strives to provide academy classes for all students, regardless of their financial means. Please consider making a donation today to help give all students the joy of dance through our need-based financial aid fund.

- I would like to make a one-time donation using the card on this form in the amount of:
 - \$25
 - \$50
 - \$75
 - \$100
 - Other: \$ _____
- I would like to make a monthly recurring donation using the card on this form in the amount of:
 - \$25
 - \$50
 - \$75
 - \$100
 - Other: \$ _____