Studio Roxander ACADEMY OF BALLET

# 2026-2027 School Year - Registration Agreement

## I. STUDENT INFORMATION

First Name: _____ Last Name:_____ Age: _____ DOB: ____/____/____

2026/27 Grade & School: _____ Student email: _____ Student cell: _____

## II. PARENT INFORMATION

Mother/Guardian #1: _____ Cell phone:_____

Father/Guardian #2: _____ Cell phone:_____

Home Address _____
*Street Address* *City* *Zip*

**PRIMARY EMAIL**:_____ **2nd EMAIL**:_____

*Please provide a reliable email. We will send school information and announcements via email.

## III. EMERGENCY CONTACT INFORMATION

Name: _____ Relationship:_____ Cell phone_____

## VI. PROGRAM ENROLLMENT: **"Tuition" listed is your *installment amount*** (for Annual Tuition x 9). **The a**mount shown is before holiday credits are applied.

☐**ADULT/TEEN BALLET CLASSES**
*Tuition: $80 (1 class/wk); $152 (2 classes/wk)*
- ○ Intro to Ballet, Mondays, 6:45-8;00
- ○ Intermediate Ballet, Tuesdays 6:30-7:45
- ○ Intermediate Ballet, Fridays 9:00-10:15

☐ **IT TAKES TWO** *Tuition: $56*
- ○ Fridays, 10:30
- ○ Saturdays, 9:00

☐ **CREATIVE MOVEMENT 1** *Tuition: $62*
- ○ Tuesdays, 3:45
- ○ Fridays, 11:00
- ○ Saturdays, 9:30

☐ **CREATIVE MOVEMENT 2** *Tuition: $62*
- ○ Tuesdays, 4;45
- ○ Wednesdays, 3:45
- ○ Fridays, 4:45
- ○ Saturdays, 10:30

☐ **PRE-BALLET 1** *Tuition (1x/wk): $62*
- ○ Tuesdays, 5:30
- ○ Saturdays, 11:15

☐ **PRE-BALLET 2** *Tuition (1x/wk): $72*
- ○ Tuesdays, 3:30
- ○ Saturdays, 12:15

☐ **BOYS BASICS** *Tuition: $56*
- ○ Saturdays, 11:00

☐ **BALLET 1A** *Tuition $70-$124*
- ○ Wednesdays, 3:30
- ○ Thursdays, 4:00
- ○ Saturdays, 9:00

☐ **BALLET 1B** (2 ballet minimum)
*Tuition: $124-$172*
- ○ Mondays, 4:30
- ○ Fridays, 3:30
- ○ Saturdays, 10:00

☐ **BALLET 1C** (2 ballet minimum)
*Tuition: $152-$236 (varies based on class choices)*
- ○ Mondays, 5:30
- ○ Wednesdays, 4:45
- ○ Fridays, 3:30
- ○ Stretch/Strength, Tuesday, 6:30

☐ **BALLET 2** (3 Ballet min; Fri/Sa required)
*Tuition: $236-372 (varies based on class choices)*
- ○ Ballet 2/3, Mondays 4;00
- ○ Ballet 2/3, Tuesdays 4:15
- ○ **Ballet 2, Fridays, 4:45**
- ○ **Ballet 2, Saturdays, 11:45**
- ○ Contemporary Jazz 2/3, Mondays, 5:30
- ○ Lyrical Jazz 2, Fridays, 4:00
- ○ Pointe Prep, Tuesdays 5:45
- ○ Men's Work, Weds. 5:45
- ○ Stretch/Strength, Tuesday, 6:30

☐ **BALLET 3** (4 ballet class minimum)
*Tuition: $308-$444*
- ○ Ballet 2/3, Mondays 4;00
- ○ Ballet 2/3, Tuesdays 4:15
- ○ **Ballet 3, Wednesdays 4:15**
- ○ Ballet 3/4, Thursdays, 5:00
- ○ Ballet 3/4, Saturdays, 11:30
- ○ Contemporary Jazz 2/3, Mondays, 5:30
- ○ Contemporary 4(3), Thursdays, 7:00
- ○ Pointe 3, Wednesdays, 6:00
- ○ Pointe 3, Saturdays, 1;15
- ○ Men's Work, Weds. 5:45
- ○ Stretch/Strength, Tuesday, 6:30

☐ **BALLET 4** (4 tech required.)
*Tuition: $400-$516*
- ○ Ballet 4-6, Mondays, 5:30
- ○ Ballet 4-6, Tuesdays 4:30
- ○ Ballet 4-6, Wednesdays, 4:30
- ○ **Ballet 3/4, Thursdays, 5:00**
- ○ Ballet 4-6, Fridays, 4:30
- ○ **Ballet 3/4, Saturdays, 11:30**
- ○ Contemporary Jazz, Mondays 4:15
- ○ Contemporary 4 (3), Thursdays 7:00
- ○ Pointe 4-6 Mondays 7:15
- ○ Pointe 4, Weds. 6;15
- ○ Men's Work, Weds. 6:15
- ○ Stretch/Strength, Tuesday, 6:30

☐ **BALLET 5 & 6**
**Ballet 5** = 5 tech/wk min. pointe/men's & Jazz/Lyrical and Contemp are mandatory
*Tuition: $452-$540 (varies based on choices)*

**Ballet 6** = FULL PROGRAM required
*Tuition: $540*

- ○ Ballet 4-6, Mondays, 5:30
- ○ Ballet 4-6, Tuesdays 4:30
- ○ Ballet 4-6, Wednesdays, 4:30
- ○ Ballet 5/6, Thursdays, 4:15
- ○ Ballet 4-6, Fridays, 4:30
- ○ Ballet 5/6, Saturdays, 9:00
- ○ Pointe 4/5/6, Mondays, 7:15
- ○ Pointe 5/6, Weds 6:45 & Sat 10:45
- ○ Men's Work, Weds 6:15
- ○ Stretch/Flex, Tuesdays, 6:30
- ○ Contemporary Jazz, Mon, 4:15
- ○ Contemporary, Thurs, 6:00

☐ **INTENSIVE DAY PROGRAM**
(separate Enrollment Application & Agreement required)
- ○ Day Program (2-Day)
- ○ Day Program (4-Day)
- ○ Day Program (FULL)

## TUITION COMMITMENT: 2026-2027 School Year

Annual Tuition $_____

Family/Other Discount $ (_____)

Registration Fee $____ + $50.00

**Total Amount Due for Year** **$**_____

**INSTALLMENT PLAN**

Annual tuition is split into ***10 installments; 2 half (50%) installments and 8 full installments.*** 1st installment is 50% of the regular installment amount and is due upon enrolling. Another 50% installment is due June 1. Regular (full) installments due on the 1st of Sept, Oct, Nov Jan, Feb March, April and May. (See Academy Handbook for further info). No installment is due in June. Family Cap for Registration fee is $125 - *email the office to have applied*

## AUTOMATIC PAYMENT AUTHORIZATION - Required

☐ VISA ☐ MASTERCARD ☐ DISCOVER

Card Number

Carder Holder's Name: _____Expiration date: _____/_____

I authorize Studio Roxander to initiate electronic payments for the balances due on my Studio Roxander account on the DUE DATE(S) specified to the left. I understand that the payment amounts may vary as classes are added/dropped and as other charges/payments/credits are applied to my account. My auto-pay amount will reflect the balance due on my account as of the day that auto-pay is run. **If my auto-pay is rejected I understand that my account with be subject to an immediate late fee of $15**.

_____

Signature

| initial | |
|---|---|
| | **Academy Handbook Affirmation**<br>I have read the 2026-2027 Academy Handbook, which includes not only information regarding Studio rules, guidelines, and expectations but also very important **Financial & Withdrawal Information.** |
| | **Liability & Medical Release**<br>I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that Studio Roxander LLC shall not be liable in any way for injuries sustained during attendance at the dance school, at any of its related functions, or while participating in online/virtual classes. I understand that dance training involves touching and adjustment of the student's body by the instructor. I understand that I will be contacted first in the event of a medical emergency. If I cannot be reached, my emergency contact person will be notified. If my emergency contact person or I cannot be reached, I hereby authorize Studio Roxander LLC or its appointed representatives to sign for medical care. I hereby give permission for my child to be treated by an emergency medical technician or other medical professional as deemed necessary by Studio Roxander LLC |
| | **Waiver/Release for Communicable Diseases (Including COVID-19)** ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION<br>In consideration of being allowed to participate in Studio Roxander LLC's classes and related events and activities, the undersigned acknowledges and agrees that:<br>1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,<br>2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,<br>3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest staff member immediately; and,<br>4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Studio Roxander LLC their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.<br><br>FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)<br>This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and their personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to their release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law. |
| | **Publicity Release**<br>I hereby authorize the Studio Roxander LLC to record the student's picture and voice on photographs, films, and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films on tapes, radio, or television broadcast programs. Studio Roxander LLC is permitted to use these materials for publicity, advertising and sales promotion and to use the student's name, likeness and voice and biographic or other information in connection with them. I acknowledge that Studio Roxander LLC made no promise of compensation for such use. |
| | **Tuition & Withdrawal Policies**<br>I have reviewed the **2026-2027 ACADEMY HANDBOOK,** and specifically the information on withdrawals, and hereby register my child for the classes detailed on this application. I understand this **Registration Agreement** represents a financial commitment for the total 2026-2027 Tuition for the classes enrolled in unless 4 weeks notice of withdrawal is received via written notice. I understand that a $15 monthly late fee will be applied to my account if it becomes delinquent per the Academy Handbook. I understand that there are **no credits given or carried over nor are there refunds given for unattended classes**. I also understand that if the studio is forced to close due to Covid-19, Zoom class options will be offered in place of In-Studio classes. **WITHDRAWALS: I fully understand the withdrawal options and the procedure by which I need to notify the school as outlined in the Academy Handbook. I also understand that there no withdrawal requests will be processed after February 28, 2027.** There are no exceptions to our Withdrawal Policy. **I understand there are no refunds of nor credits for tuition paid.** In cases where the student has a remaining credit balance after all fees, adjustments, and prorated tuition are calculated, that credit will be forfeited. |
| | I understand that there are ***no withdrawals after February 28, 2027*** and tuition for the remainder of school year is due and payable after that date, regardless of whether or not the student attends classes. |

I have read, understand, and agree to the **Liability & Medical Release, Waiver and Release for Communicable Disease, Publicity Release, Tuition & Withdrawal Policies,** as well as the policies and fees outlined in the **Academy Handbook,** and I hereby register my child for the 2026-27 School Year Season.

Dated: _____ _____

*Signature of Parent/Guardian*