



EVERGREEN CITY BALLET TUITION POLICY

*Our school year is 37 weeks long.
Summer session is 6 weeks long, paid in full prior to start date.*

Payment Options – Credit Card Must Be On File – All fees will be automatically charged.

- **Monthly** – 9 payments. 1st payment due at registration. May and June collected on May 1st.
- **Whole Year** – 1 payment payable at registration. Expires September 30th.
- **Half Year** – 2 payments payable at registration and January 1st.
- **Quarterly** – 4 payments. 1st payment due at registration, November 1st, February 1st and April 1st.

REGISTRATION: Students must register each school year and/or Summer Ballet Class Session, Summer/Winter Intensive session or Summer/Winter Dance Camp before attending a class. The annual registration fee is \$30 per student, per year. *Registration fee is non-refundable.*

ECB offers convenient online registration thru www.evergreencityballet.org. You can log in and check your account at any time.

SCHOOL YEAR TUITION, FEES AND ABSENCES:

- Tuition must be paid according to the option chosen above. Monthly installments will be charged on the 1st of the month.
- Pro-rated refunds are granted for severe injury or prolonged illness (more than two weeks) verified by a doctor's note.
- Late Fees assessed after the 10th of the month = \$25
- Performance fees varies per class level and parts being performed. Students must be enrolled as a student at ECB to be eligible to perform.
- Late pick-up fee = \$25 for every 15 minutes late (starting 15 minutes after end of class) **Strictly enforced**
- Special master classes or extra open classes – additional fee
- Family discount: 10% discount for more than one student per family
- Military Discount: 15% with ID
- Returned check fee = \$35
- Payments 60 days past due will be subject to collection and associated fees
- Tuition and fees are non-refundable
- Tuition will be pro-rated for the first month only, if joining mid-month and paying monthly

Students will be continually enrolled unless we receive written notice of withdrawal to the office 30 days prior to the withdrawal date.

ECB does not allow for make-up classes and cannot be held responsible for classes or performances cancelled due to circumstances beyond our control such as weather, power outages or other forces of nature.

Tuition Assistance and Merit Scholarships are available on a limited basis. Please see the Administrator for information.

RECURRING CHARGES:

By checking this box, on the online registration form, you are allowing us to charge your credit card for tuition and/or fees on a monthly basis, one-time, twice a year or quarterly.

WAIVER OF LIABILITY:

- I/We, the undersigned parent(s) or legal custodian(s) of the student named on the front of this form, understand that dance requires physical exertion. It is my/our responsibility to consult with a physician before his/her participation in dance classes, productions, programs or workshops. I/We agree to assume full responsibility for any risks, injuries or damages that might occur as a result of the student participating in activities sponsored by ECB.
- I/We agree not to hold ECB, its Board of Directors, associations, any faculty, employee or volunteer liable for injuries sustained or illnesses contracted while a student of ECB.
- I/We have read and accept the policies and waivers above. I/We understand that I/we am/are responsible for timely payment of tuition and agree to pay costs for collection of any unpaid tuition and fees.
- I/We give permission to ECB to take photos of my child or me (if student is 18 or older) to use for the purpose of promotion.

MEDICAL EMERGENCY AUTHORIZATION STUDENTS UNDER 18 YEARS OF AGE:

I/We, the undersigned parent(s) or legal custodian(s) of a minor student, do hereby authorize Evergreen City Ballet and its adult employees and representatives as the agent for the undersigned to consent to emergency medical or dental care for the above named child. In case of an emergency, I/we understand every effort will be made to contact me/us. In the event that I/we cannot be reached, I/we give my/our permission to the medical personnel selected by Evergreen City Ballet and its adult employees and representatives to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medications for my child. "Proper treatment" shall extend to and include the following non-exclusive list: x-ray, MRI, and other diagnostic imaging examinations, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by physicians or dentists licensed to practice in the State of Washington. It is understood that this release is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to Evergreen City Ballet and its adult employees and representatives as my/our agent to give specific consent to any and all such diagnosis, treatment or hospital care which the physician, surgeon or dentist in the exercise of his/her best judgment may deem advisable. **If this authorization is signed by only one parent or custodian, I hereby certify that I have sole legal custody or sole decision-making authority for medical decisions involving the above named minor. This authorization shall remain effective through the end of the school year, unless and until a written revocation is delivered to the school's administrator.**

STUDENTS OVER 18 YEARS OF AGE:

I do hereby authorize Evergreen City Ballet and its adult employees and representatives as the agent for the undersigned to consent to emergency medical or dental care for myself. In case of an emergency, I give my permission to the medical personnel selected by Evergreen City Ballet and its adult employees and representatives to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medications for me. "Proper treatment" shall extend to and include the following non-exclusive list: x-ray, MRI, and other diagnostic imaging examinations, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by physicians or dentists licensed to practice in the State of Washington. It is understood that this release is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to Evergreen City Ballet and its adult employees and representatives as my/our agent to give specific consent to any and all such diagnosis, treatment or hospital care which the physician, surgeon or dentist in the exercise of his/her best judgment may deem advisable. **This authorization shall remain effective through the end of the school year, unless and until a written revocation is delivered to the school's administrator.**

Evergreen City Ballet - info@evergreencityballet.org - 425-228-6800