



CHILDREN'S DIVISION REGISTRATION FORM: 2019-2020 YEAR

Please submit completed registration forms along with payment of the Registration and Spring Production fees to the Academy Administrative Office and complete your Registration Agreement & Waivers online by visiting waiver.smartwaiver.com/v/cb1920child on your computer or mobile device.

Registration forms received without payment and/or signed waivers will not be processed.

STUDENT INFORMATION

Student Name: _____ Date Joined Academy: _____
Date of Birth: _____ Age: _____ Gender: Male Female
Address: _____
City: _____ State: _____ Zip: _____
Academic School: _____ Grade Level: _____

Medical Information: Please list any medical conditions and/or allergies your student may have:

Ethnicity (Optional): This data is used in grant reporting to help secure additional funding for Cincinnati Ballet and the Otto M. Budig Academy

- Caucasian African American Hispanic American Indian/Alaskan Native
 Asian Native Hawaiian/Pacific Islander Other: _____

PARENT AND GUARDIAN INFORMATION

Primary Parent Contact: _____ Relationship: _____
Address (if different than student): _____
City: _____ State: _____ Zip: _____
Cell Phone: () _____ Other Phone: () _____
Email*: _____ *Contact email for all relevant program info

Secondary Parent Contact: _____ Relationship: _____
Address (if different than student): _____
City: _____ State: _____ Zip: _____
Cell Phone: () _____ Other Phone: () _____
Email: _____ This email should also receive program info

Emergency Contact (someone other than those listed above):

Name: _____ Relationship: _____
Contact #: _____

CONTINUED ON REVERSE

Please complete and return this form to the Academy Administrative Office:

BY MAIL:

Cincinnati Ballet Otto M. Budig Academy
Attn: Academy Registrar
1555 Central Parkway
Cincinnati, OH 45214

DIGITALLY:

Via the secure form uploader at cballet.org/academy
Protecting your information is very important to us.
Please **DO NOT** email registration forms.

CLASS ENROLLMENT

Please indicate your preferred class selection. In the event your preferred selection is no longer available, please indicate a secondary selection.

PREFERRED CLASS SELECTION: Class Level: _____ Day of Week: _____ Time: _____

SECONDARY CLASS SELECTION To be used in the event your preferred selection has reached enrollment capacity.

Class Level: _____ Day of Week: _____ Time: _____

Please also enroll my male student in the **Children's Division Boys Class** on **Mondays from 5:00 - 5:45 pm.**

ACADEMY REFERENCE

How did you hear about us?

<input type="checkbox"/> Social Media	<input type="checkbox"/> I'm a Returning Academy Student	<input type="checkbox"/> I'm a Summer Program Participant
<input type="checkbox"/> Cincinnati Ballet Email	<input type="checkbox"/> Cincinnati Ballet Website	<input type="checkbox"/> Cincinnati Ballet Performance
<input type="checkbox"/> Friend: (Name) _____	<input type="checkbox"/> Magazine Ad: (Publication Name) _____	
	<input type="checkbox"/> Other: _____	

BILLING INFORMATION

Registration & Spring Production Fees (due upon registration):

- I have enclosed a check for the \$30 Registration fee and the \$95 Spring Production fee.
- I authorize Cincinnati Ballet to charge the credit card indicated below for the \$30 Registration fee and \$95 Spring Production fee.

Payment Options (select one):

- Payment in Full:** Due by August 15, 2019. If paying via credit/debit card:
 - Please charge my full tuition balance upon registration.
 - Please charge my full tuition balance on August 15.

Families electing the pay-in-full option receive a 5% discount on tuition.

- Quarterly Installments:** Due Aug 15 & Oct 15, 2019, Jan 15 & Mar 16, 2020.
- Monthly Installments:** Due Aug 15, Sep 16, Oct 15, Nov 15, & Dec 16, 2019, Jan 15, Feb 14, Mar 16, & Apr 15, 2020.

Additional one-time fee of \$30 for monthly payment option.

- Sibling Discount:** Families registering more than one student receive a 5% tuition discount on all tuition.

Remaining Balance Payment Type:

- Auto Payment:** I pre-authorize Cincinnati Ballet to automatically charge the credit card indicated according to the payment schedule selected.
- Customer Initiated Payment:** I'll be submitting payment by check or credit/debit card for remaining balances according to the payment schedule selected.

PAYMENT INFORMATION

Payment Type:

- Check** (Made payable to Cincinnati Ballet)
- Credit Card**

Card Number: _____

Exp Date: _____

Name on Credit Card: _____

CVV Code: _____

Authorization Signature: _____

Billing Zip: _____

Delinquent Accounts/Declined Payments: A non-refundable \$30 fee will be assessed for any payments not received within 10 days of payment due date, on all declined credit card transactions and all returned checks.