

THE CHILDREN'S DANCE CONSERVATORY OF MERCER ISLAND
OFFICIAL SCHOOL FOR ISLAND YOUTH BALLET
SUSAN VALENCIA, DIRECTOR

For official office use only
DATE Received:

**REGISTRATION FORM
2024 - 2025**



BALLET CLASS PLACEMENT LEVEL 2024 - 2025 _____

PRE-BALLET THE GRADES THE CONSERVATORY DIVISION IYB MEMBER

STUDENT INFORMATION

LAST NAME:

FIRST NAME:

BIRTHDATE: / /

AGE:

GENDER: **FEMALE** **MALE**

ACADEMIC SCHOOL

GRADE 2024 - 2025

PARENT PRIMARY PHONE:

STUDENT CELL PHONE (IF APPLICABLE)

DOES YOUR CHILD HAVE ANY MEDICAL, LEARNING, BEHAVIORAL OR OTHER SPECIAL CONSIDERATIONS/CIRCUMSTANCES FOR WHICH THE SCHOOL SHOULD BE AWARE? PLEASE EXPLAIN (THIS INFORMATION WILL REMAIN CONFIDENTIAL).

PARENT CONTACT INFORMATION

PARENTS' LAST & FIRST NAME

ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

CELL PHONE:

WORK PHONE:

EMAIL (THIS EMAIL WILL BE USED FOR ALL SCHOOL COMMUNICATIONS):

PARENT EMAIL

STUDENT EMAIL

EMERGENCY CONTACT INFORMATION (PLEASE LIST SOMEONE OTHER THAN PARENT)

NAME

PHONE:

RELATIONSHIP:

PAYMENT INFORMATION

ADULT RESPONSIBLE FOR PAYMENT:

TUITION PAYMENT OPTION (PLEASE SELECT ONE):

YEAR IN FULL BIANNUAL INSTALLMENT MONTHLY INSTALLMENT

FOR EBD*
FULL PAYMENT BY
DUE 08/12/24

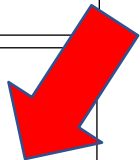
FOR EBD*
FALL PAYMENT BY
08/12/24
SPRING PAYMENT BY
1/03/25

PROVIDE 10 PRO-RATED
MONTHLY CHECKS OR
CREDIT CARD FOR EACH
FALL/SPRING TERMS
DUE BY FIRST WEEK OF
EACH MONTH

*EARLY BIRD DISCOUNT

METHOD OF PAYMENT (CREDIT PAYMENTS INCLUDE BANK PROCESSING FEES)

CASH CHECK AMERICAN EXPRESS VISA MASTERCARD



ACCOUNT NUMBER:

EXPIRATION:

CVC CODE

ENROLLMENT OPTIONS FOR AUTO-PAYMENTS FOR ELECTIVE FEES

YES NO



AUTO-PAYMENTS ARE APPLIED FOR ELECTIVE FEES ONLY: PERFORMANCE CLASS, EXAM FEES, AND ASP FEES WHERE APPLICABLE. ENROLL NOW TO AVOID LATE CHARGES.

ANNUAL REGISTRATION FEE PER FAMILY (MANDATORY, NON-REFUNDABLE) \$ 60.00

PLEASE RETURN COMPLETED FORM AND PAYMENT TO:
THE CHILDREN'S DANCE CONSERVATORY/IYB
10034 36TH AVE NE (CORRESPONDENCE ONLY)
SEATTLE, WA 98125
206-522-9399/SUSAN@CHILDRENSDANCE.ORG

TUITION PAYMENT _____

TOTAL ENCLOSED \$ _____

AGREEMENT (PLEASE INITIAL TO VERIFY YOU HAVE READ AND UNDERSTAND CDC/IYB SCHOOL POLICY AS OUTLINED IN THE CDC/IYB HANDBOOK):

___ **THE SCHOOL'S ENROLLMENT POLICIES AND TUITION RATES ARE DETERMINED TO SECURE A 10-MONTH ACADEMIC YEAR. STUDENTS ARE REQUIRED TO ENROLL ON A YEARLY BASIS.**

___ **THERE ARE NO REFUNDS, CREDITS OR PAYMENT ADJUSTMENTS FOR MISSED CLASSES, SPORTS SEASONS, HOLIDAYS OR VACATIONS. THE ENTIRE SEMESTER INSTALLMENT IS DUE WHETHER IN ATTENDANCE OR NOT IN ATTENDANCE.**

___ **THE MONTHLY INSTALLMENT OPTION ORGANIZES THE SEMESTER INTO 10-EQUAL PAYMENTS PER TERM. TEN POST-DATED CHECKS ARE REQUIRED IN ADVANCE FOR THE SEMESTER YOU ARE ENROLLING. CREDIT PAYMENTS INCLUDE BANK PROCESSING FEE**

SIGNATURE (ADULT RESPONSIBLE FOR PAYMENT):