

**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**  
**2023-2024 ACADEMIC YEAR**



BALLET CLASS PLACEMENT LEVEL 2023 - 2024 \_\_\_\_\_

PRE-BALLET     THE GRADES     THE CONSERVATORY DIVISION     IYB MEMBER

**STUDENT INFORMATION**

**LAST NAME:**

**FIRST NAME:**

**BIRTHDATE:**    /    /

**AGE:**

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

**ACADEMIC SCHOOL**

**GRADE 2023 - 2024**

**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):**

**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 08/11/23**

**FOR EBD\***  
**FALL PAYMENT BY**  
**08/11/23**  
**SPRING PAYMENT BY**  
**1/02/24**

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

\*EARLY BIRD DISCOUNT

**METHOD OF PAYMENT**

CASH     CHECK     AMERICAN EXPRESS     VISA     MASTERCARD

**ACCOUNT NUMBER:**

**EXPIRATION:**

**CVC CODE**

**WOULD YOU LIKE TO ENROLL IN MONTHLY AUTO-PAYMENTS? (PLEASE SELECT ONE):**

YES     NO

**AUTO-PAYMENTS ARE APPLIED FOR ELECTIVE FEES, EXAM FEES, AND ASP FEES WHERE APPLICABLE. ENROLL NOW AND AVOID LATE FEES.**

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

PLEASE RETURN COMPLETED FORM AND PAYMENT TO:  
THE CHILDREN'S DANCE CONSERVATORY/IYB  
10034 36<sup>TH</sup> 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. TEN POST-DATED CHECKS ARE REQUIRED IN ADVANCE FOR THE SEMESTER FOR WHICH YOU ARE ENROLLING IF YOU ARE PAYING BY CHECK.

**SIGNATURE (ADULT RESPONSIBLE FOR PAYMENT):**