

Guibord's Policies-Academic Year 2011-2012

Registration Forms may be mailed or given to an instructor at Guibord's. You can register up to three students with one registration form. A student will not be accepted if the parent has not signed and agreed to the policy agreement and medical release. The permission for medical treatment is your choice to sign.

Registration Fee \$25 for the first student, \$18 for the second student, and \$15 for the third student. The registration and first/full payment should be submitted with your registration form. Registration must be submitted before a student is considered enrolled.

Academic Year Tuition Enrollment is for the full academic year. Monthly installments are available and are due by the 3rd of the month. Full payment and installments can be made by cash, check, or money order. After the student's first month of attending classes, he/she will be locked into that tuition price for the remainder of the school year.

Tuition Discounts A discount is built into the tuition for those paying in full. A 5% discount will be given for two children from the same family. A 10% discount will be given for three or more children from the same family.

Tuition Refund If a class is cancelled due to low enrollment, a full refund will be given. A student may withdraw anytime within the first month of classes, however, a full month's tuition will be due. There are no refunds of the academic year tuition after the first month. Refund requests must be received in writing.

Trial Class and Placement New students to Guibord's may attend one class before registration.

The evaluating instructor will assign your child to the most appropriate class.

Late Fee and Returned Check Fee There is a \$10.00 fee for all late payments. Monthly installments are due on 3rd of the month. A payment is considered late if not received by the 10th of the month. There is a Guibord's & Bank fee for all returned checks.

Tardiness It is important to warm up the muscles carefully to ensure safety. Late comers miss this opportunity and disrupt the flow of the classroom. Students more than 10 minutes late may be asked by their teacher to sit down and observe.

Changing Classes With the approval of your instructor you may have the opportunity to change class(es).

Absences Consistent attendance is essential for the dancer's development. Students with irregular attendance may be dismissed from class or moved to another class. Students have two weeks to schedule make-up classes for any absences that occur. Refunds or Credit are not given for missed classes.

Photography and Videography Registering at Guibord's grant us the right to photograph and/or film your child. These materials will be used in any marketing promotions Guibord's deem fit.

Office Hours Please call to schedule an appointment if you wish to meet with Guibord's faculty and staff. 518-561-5550

Guibord's students who wish to start taking additional classes at another Studio

Please make an appointment with the School's Director to discuss this option.

Policy Agreement

By signing you indicate you have read, agree, and are bound to these policies for the 2011/2012 School Year. The student will not be accepted if this is not signed. Sign Here: _____ Date: _____

Medical Release

I confirm that the person that will take classes with GUIBORD'S is in good health. All precautions will be taken to prevent accidents. Simple first aid will be administered to all minor injuries and parents or doctors will be called when necessary. I hereby consent to have my child/ward participate in programs offered by GUIBORD'S. It is hereby agreed that I, my child(ren) adopted or otherwise, my heir and executors, waive and release all rights and claims against the school, its representatives, whether paid or volunteer, for any injury or damages connected with the programs or activities related to GUIBORD'S. The risks involved in respect to such a program are fully understood. This release is valid in any and all sessions.

Sign Here: _____ Date: _____

Permission for Medical Treatment

I hereby authorize and consent to any x-ray, exam, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed necessary.

Sign Here: _____ Date: _____

Answer these medical questions

1) Does your child have asthma? _____
2) Has your child ever dislocated any body part? _____ If yes, what? _____

3) Has your child ever had a back problem? _____
If yes, please give us a physician's note indicating that gym/ballet activities are permissible.

4) Has your child ever had a heart problem? _____
If yes, please give us a physician's note indicating that strenuous exercise is permissible.

5) Does your child have arthritis? _____
If yes, please give us evidence or a doctor's note showing that Atlanto Axial Subluxation is not a potential problem.

6) Mention any medication that your child takes on a regular basis that we should be aware of. _____

7) Does your child have allergies? _____