

Registration 2018-2019 Season

		Stude	ent Information		
Full Name:					Date:
	Last	First		M.I.	
Address:	Street Address				Apartment/Unit #
	City			State	ZIP Code
Phone:			Email		
Birthdate:		Grad	de:	_	
Parents/Gua	ardians Names:				
Any medical	conditions or allergies?	YES NO	Please explain:		
Emergency	contact Name & Phone:				
How did you	hear about Ballet Arts?				
		Class Selecti	on & Payment Opti	ons	
Classes:					
	er of classes per week:				
Tuition amou					
		ments Month	lv	Firs	st Payment:
.,	<u></u>		<u>·) </u>	Total Amou	
		Credit (Card Information		
Name as an	pears on card:			Relations	hip:
-	ess:				one:
CC number:				_	JIIC
Exp. date:				CVC co	ode.
Signature:					ate:
	monthly option: I give permission			_	
Signature:	, , , , , ,	3	Date:		
Oignature.			A Maria Dala		
	Liability Relea	ise and Agre	ement; Media Relea	ase & Agree	ement
understand that in programs at of any kind, inconficers, agents "Ballet Arts"). I an acknowledge exchange for permission for I agree to give efforts. I under form of promot	cluding any and all claims of ne s, employees, instructors, subsite hereby agree to release Ballet gement of my voluntary and know participation. With this knowledge a staff member at Ballet Arts to Ballet Arts the absolute right and stand that these images may be	s acknowledged ris gligence arising as diaries, parent corp Arts and hold Balle wing assumption of e, I give consent to seek emergency r and permission to us e used in a publica- ne photographer, the	s or damages suffered bysk of injury, I knowingly and ware result of such activity from porations, and all affiliates are at Arts harmless of all liability of the risk of injury. I have sign participate in the program. The medical treatment forse my name, photograph(s) of the titon, print ad, electronic medical or offices, employees, agent	voluntarily waive in which liability condentities (herei v. I am aware that gned this docume In an emergency or likeness in pro- lia (e.g. video, wo	(student) during participation all right and/or causes of action ould accrue Ballet Arts, it's nafter collectively referred to as at this is a release of liability and ent of my own free will in a situation, I hereby grant
Signature:				D	ate:
Name & Rel	ationship:				



2018-2019 Season

Yearly Tuition Schedule

The dance program runs from September until June, with breaks for school closings and holidays. Tuition may be paid in 3 ways:

Pay in full by September and receive a discount.

Pay in 3 installments – due Sept. 1, Jan. 1 and March 15.

Pay in 9 monthly installments (by credit card only).

*A \$25 Annual Registration Fee is added to tuition.

1 class per week		
Paid in full \$700	3 payments of \$250	\$86 monthly for 9 months
2 classes per week		
Paid in full \$1234	3 payments of \$433	\$153 monthly for 9 months
3 classes per week		
Paid in full \$1735	3 payments of \$610	\$212 monthly for 9 months
4 classes per week		
Paid in full \$2110	3 payments of \$740	\$262 monthly for 9 months
Unlimited classes		
Paid in full \$2450	3 payments of \$875	\$300 monthly for 9 months

12 week session Tuition Schedule

Creative Movement - Hip Hop - Kids Yoga - Teen Yoga

12 week series - \$200 per session

Sessions start September, January and April

Adult Tuition Schedule

10 class card - \$150

20 class card - \$280

Class cards are to be used within 3 months and will expire after that time. \$20 drop-in rate for special circumstances.

2018-2019 Holiday Schedule

Season runs September 12, 2018 through June 12, 2019.

The Studio is closed on the following dates:

November 8 & 9

November 22 & 23

Winter Break December 21 - January 1

February 18 & 19

Spring Break April 15-19

Memorial Day