

**Office use only:**

Date \_\_\_\_\_ Amt pd \_\_\_\_\_ w/ \_\_\_\_\_

Pmt breakdown \_\_\_\_\_

pmt received by \_\_\_\_\_

Auto pay

Acct crd

Data ent.

Confirm



639 Furrys Ferry Rd  
Martinez GA 30907  
706-860-1852  
columbiacountyballet.com

**TO REGISTER Complete the following:**

1. **Complete** this form, **read and sign the policies and procedures.**
  2. For Auto Pay, fill out an authorization form (**a new form is needed every season**). Tuition is debited the 1<sup>st</sup> of each month and this **does NOT** include registration payments.
  3. **Pay** the registration fee, first months tuition, and a withdrawal fee that equals one months tuition and will be credited to **May tuition** if you DO NOT withdraw from the class before the end of the season. This payment must be paid at the time of registration to secure your child's spot on the roster. **Read & sign policies.**
- ~ For Camp registrations you will just pay for the camp(s) you are registering for, no reg. fee required.**

Date of Registration \_\_\_\_\_

**Student 1** Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

**Student 2** Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

**Mailing**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Occupation \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Wk # \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Occupation \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Wk # \_\_\_\_\_

**\*Primary EMAIL Address** \_\_\_\_\_

Additional EMAIL \_\_\_\_\_

**(WE USE EMAILS TO SEND important NOTICES AND UPDATES)**

**Class Choices for the 2019/2020 Season**

*\*Fall classes are limited to 12 students per class, this does not include company level classes\**

**Student 1** Name \_\_\_\_\_

1<sup>st</sup> Choice-Class/Level \_\_\_\_\_ Day(s) \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Choice-Class/Level \_\_\_\_\_ Day(s) \_\_\_\_\_ Time \_\_\_\_\_

**Student 2** Name \_\_\_\_\_

1<sup>st</sup> Choice-Class/Level \_\_\_\_\_ Day(s) \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Choice-Class/Level \_\_\_\_\_ Day(s) \_\_\_\_\_ Time \_\_\_\_\_

**Summer CAMPS- Frozen & Ariel:** (\$110 per camp, 10% family discount, 10a-12p Mon-Fri each camp week)

**Student 1** Name \_\_\_\_\_ Age group \_\_\_\_\_

1st Camp Theme \_\_\_\_\_ Dates \_\_\_\_\_ 2nd Camp Theme \_\_\_\_\_ Dates \_\_\_\_\_

**Student 2** Name \_\_\_\_\_ Age group \_\_\_\_\_

1st Camp Theme \_\_\_\_\_ Dates \_\_\_\_\_ 2nd Camp Theme \_\_\_\_\_ Dates \_\_\_\_\_

**\*\*READ AND SIGN THE POLICIES TO COMPLETE REGISTRATION\*\***