

The Ballet Studio

Teen Registration (ages 13-17)

Office use only		
Class/Level		
Date of Original Registration:		
New	Current	Returning
Trial Ballet Class Date:	Trial Pointe/ pre-pointe:	Trial Stretch Class Date:
Email Y N	Liability Waiver: Yes	Parent Copy of Initial & sign? Yes
Tuition Calendar: Yes Photo/Video waiver: Yes		

Today's Date: / /

Student's Name: _____

Age: _____ **Birthdate:** _____ **High School Student ?** _____

Parent's name(s): _____

Address: (including city & zipcode) _____

Home phone: (_____) _____

Work phone(s): (_____) _____

Cell phone(s): (_____) _____

E-mail address: (we use it for announcements) _____

Emergency contact: _____

Emergency phone: (_____) _____

How did you find out about The Ballet Studio? _____

Has your teen danced before? _____ **What type of dance?** _____ **How long?** _____

Does your teen have any health issues of which our instructors should be aware? Is there any other information about your teen that you think we should have? Does your teen have any specific dance goals? If so, please describe:

If your teen will be picked up by someone other than the adult who dropped them off, please let the teacher know.

The Ballet Studio

9527 Folsom Boulevard, Suite E, Sacramento 95827 (916)369-8033 www.theballetstudio.us

Dear Parent, Caregivers and Students,

We want our instructors to spend as much time as possible teaching rather than explaining our policies regarding tuition, payment, and make-up classes. **Please read the policies below, initial each one, and then sign. Make sure we give you a copy. If you have any questions, please ask before you sign.**

Thank you for helping keep the focus on dance.

Payment Policy - Please initial each one

___ We accept personal checks and cash only. All checks must have your telephone number written on them. Please, make checks payable to **The Ballet Studio**. There is a \$35.00 fee for a returned check.

___ When paying with cash please try to have the exact amount. If we don't have enough change we will: **a)** give you a credit towards the next session's tuition or **b)** give you change the next time you come to the studio.

Tuition and Make - up Class Policy - Please initial each one

___ Tuition is due during the **first** week of each 4 week tuition cycle. We do not offer a "monthly" rate. Our 4 week tuition cycle is posted on the studio wall, and is on the tuition calendar we give you when you register. Tuition is based on the number of classes taken per week.

The cost per class goes down when tuition is paid every 4 weeks. **To receive the discounted rate you must pay in advance.**

Tuition Rates as of 1/3/16

- 1 lesson per week for the 4 week tuition cycle: \$48
- 2 lessons per week for the 4 week tuition cycle: \$92
- 3 lessons per week for the 4 week tuition cycle: \$132
- 4 lessons per week for the 4 week tuition cycle: \$168
- 5 lessons per week for the 4 week tuition cycle: \$180
- 6 lessons per week for the 4 week tuition cycle: \$192
- Unlimited lessons for the 4 week tuition cycle: \$210**

Family Rate: If more than one family member takes classes at The Ballet Studio we combine the number of classes and the family pays that amount. For example, if there are two students and each takes one class a week the family would pay \$92.00 for the four week tuition cycle. This policy includes adult family members. You cannot combine the "Male Dancer" discount or the "High School/College Student" discount with the Family Rate.

(please turn over and continue on the other side)

___ If you enroll your student in a class after the first lesson of a 4 week tuition cycle, the tuition is pro-rated based on the remaining number of classes in that cycle.

___ Tuition fees are non-refundable and non-transferable. A \$10.00 late fee will be added to tuition not received during the first week. If your student will be absent at the beginning of a four week cycle, please make alternative payment arrangements with us prior to that cycle. If you make arrangements in advance, there will be no late fee.

___ No make-up lessons are allowed unless **full tuition for the current tuition cycle has been paid, and it is of equal or greater value than the previous one.** Missed classes must be made-up within six months. All make-up classes are in addition to your student's regular class(es). Makeups help your student "catch-up". The instructor of the regular class will tell you which class(es) your student may take as a make-up class.

___ If you wish to pay each time your student takes class, the cost is \$15 per class, or one of the other rates listed below.

Single Class Rates

Trial lesson - \$12.00 Male Dancer (any age) - \$6

Out of Town/Visitors - \$12 per class* Male Dancer (any age) - \$6

Barre (no center work), Saturday Stretch 2:30 - 3:15 - \$9.00 per class Male Dancer - \$5

High School/College Student w/ ID - \$10 per class Male Dancer - \$5

All High School/College Students w/ID - Barre (no center) & Sat. Stretch - \$5 per class

Drop-ins/Single Class - \$15.00 Male Dancer (any age) - \$8.00

Private classes available - Rate is set by the teacher

***Out of town rate is for dancers who live outside of the Sacramento area (Roseville, Rocklin, Lincoln, Davis, Vacaville, Galt, Placerville, Cameron Park, etc..)**

Male Dancer Tuition Rates for non high school/college students

1 lesson per week for the 4 week tuition cycle: \$24 4 lessons per week for the 4 week tuition cycle: \$84

2 lessons per week for the 4 week tuition cycle: \$46 5 lessons per week for the 4 week tuition cycle: \$100

3 lessons per week for the 4 week tuition cycle: \$66 6 lessons per week for the 4 week tuition cycle: \$120

7 lessons per week for the 4 week tuition cycle: \$140 Barre (no center) or Saturday Stretch 2:30-3:15: \$5

I agree to abide by The Ballet Studio's policies regarding payment, tuition and make-up classes.

Signature

Name (printed)

date

The Ballet Studio
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Sacramento, CA 95827
(916)369-8033
www.theballetstudio.us

Photo/Video Release Waiver

DATE: _____

Photo Release

I agree to grant to The Ballet Studio and its authorized representatives permission to record via photography (digital/film) and/or video, pictures of my participation in Ballet Studio events and classes. I further agree that any or all of the material recorded may be used, in any form, as part of any future publications of printed/electronic materials used to promote The Ballet Studio, and further that such use shall be without payment of fees, royalties, special credit or other compensation.

Printed Name of Participant

Signature of Participant/Parent or Guardian if under age 18

Mailing Address

Email

/_____
Phone Number