

PEORIA BALLET



Class Registration Form 2011- 2012

Today's Date _____

New Student Returning Student (please still fill out entire form)

Student Name _____ Birthday _____ Sex _____

Parent/Guardian Names _____

Address _____

City/State/Zip Code _____

Home Phone _____ Cell Phone _____

E-mail (e-mails are not solicited outside of Peoria Ballet) _____

Father's Employer _____ Title _____ Work Phone _____

Mother's Employer _____ Title _____ Work Phone _____

| Class(es) | Day(s) | Time(s) |
|-----------|--------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

How did you hear about Peoria Ballet?

- ___ Current student/parent of Peoria Ballet
- ___ Performance (which one?) _____
- ___ Other (please explain) _____
- ___ TV
- ___ Radio
- ___ Girl Scout
- ___ Peoria Ballet website
- ___ Newspaper
- ___ Birthday Party

Tuition- (No refunds after the first two weeks of registration)

Adult Tuition

Full 12 week session \$108
6 class punch card \$68
12 class punch card \$122

Traditional Student Tuition

1 hour/week \$153
1.5 hours/week \$230
2 hours/week \$275
2.5 hours/week \$347
3 hours/week \$392
3.5 hours/week \$458
4 hours/week \$494
4.5 hours/week \$556
5 hours/week \$603
5.5 hours/week \$660
6 hours/week \$700
7-12 hours/week \$800
13 + up hours/week Additional \$50 per hour

Session Total (Tuition is due at Registration for students taking 1-2.5 hrs per week. Monthly payment plan is available for 3 hours per week and up)

Tuition Total \$ _____
Annual Registration Fee + \$ 30 Female/\$60 Male/No Fee-Adult
Total \$ _____

Students taking 3+ hours a week are allowed to pay monthly. Peoria Ballet requires a credit card on file to do so. If payment in full is made at registration, tuition will be discounted 5%. If tuition is paid for all three sessions, tuition will be discounted 10%.

- I wish to pay by the month.
- I wish to have my credit card charger on the 1st of each month.
- I wish to send/bring in my payment by the 1st of each month. If the payment is not received by the 5th of the month, my credit card on file will be charged.

| | | |
|-------------|-----------|-----------|
| Card Number | Exp. Date | Sec. Code |
|-------------|-----------|-----------|

Name as it appears on the card Cardholder's Signature

Terms and Conditions: (Please initial by each)

- _____ Peoria Ballet reserves the right to reschedule or cancel any classes.
- _____ Registration fee is non-refundable.
- _____ If you would like to add or drop a class an Add/Drop form must be completed & returned to the front desk.
- _____ **Refunds are as follows (registration is non-refundable): 1)prior to beginning of the session = full refund; 2)before the 2nd class = pro-rated refund; 3)after the 2nd class = no refund.**
- _____ No refunds will be given for missed classes. Students are encouraged to make up missed classes.
- _____ A medical form must be filled out within the first three weeks for students to continue taking classes.
- _____ By signing below, the parent and student accept responsibility to review the 2011-2012 Academy Handbook and familiarize themselves with Peoria Ballet's philosophies and policies.
- _____ I understand that communication from the Ballet is done weekly thru email and that it is up to me to stay up to date on all events & changes

I have read and accept all of the terms and conditions of the Peoria Ballet Company.

Signature

Date

For Office Use Only:
_____/_____/____ PAID
____ Check / Cash/ CC
____ Staff Initials
____ Med Form
____ Entered into QB
____ E-mail List
____ Curriculum/Handboo