



**Registration Form for Evening Classes
2018 – 2019**

Student Information

Name: _____

Birthdate: ____ - ____ - ____ Email: _____

Age: ____ School: _____ Grade: ____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: (____) ____ - ____ Cellular Phone Number: (____) ____ - ____

Parent Information

Mother's Name: _____ Father's Name: _____

Mother's Work Number: (____) ____ - ____ Father's Work Number: (____) ____ - ____

Student's Doctor: _____ Doctor's Phone Number: (____) ____ - ____

The Art of Classical Ballet fees are as follows:

- 1 Class a Week: \$85.00 Per Month
- 2 Classes a Week: \$160.00 Per Month
- 3 Classes a Week: \$230.00 Per Month
- 4 Classes a Week: \$300.00 Per Month
- 5 Classes a Week: \$370.00 Per Month
- 6 Classes a Week: \$440.00 Per Month
- 7 Classes+ a Week: \$500.00 Per Month

Registration Fee: \$40.00

- **Late Fee (Tuition Paid After the 5th): 10% (minimum \$30.00)**
- **Bounced Checks: \$35.00**
- **Family Discount (2+ Students in the Same Family): 10% Off Each Student**
- **This Registration and prices are for regular evening classes after 5PM, it does NOT include the Professional Program in the morning**

Signature: _____ Parent's Signature (If Applicable): _____