Cartersville School of Ballet Registration Form

43 Public Square / P.O. Box 603 / Cartersville, Georgia 30120

***For additional information contact: 770 - 386 – 4779***

[**www.cartersvilleschoolofballet.com**](http://www.cartersvilleschoolofballet.com)

**Date Registered \_\_\_\_\_**

**To Register:** Fill out both sides of this registration form and return it to our office with your non-refundable $35.00 registration fee ($45.00 per family). Class confirmation will be mailed to you. Class size is limited. Get your registration in early; many of our classes fill up quickly.

**Please Print**

Student’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Academic School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade as of 8/1/20 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of years attending classes at the Cartersville School of Ballet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother / Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/w City & Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address for important information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father / Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address if different from above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Physical Conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you find out about our school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*Fill in the following if someone other than parent or guardian is responsible for payments.**

Responsible Party for Payments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/w City & Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tuition Fees**

**Classes per week Monthly Payments Check One: Payment via PayPal \_\_\_\_ Cash/Check \_\_\_\_**

 **Registration Fee \_\_\_\_\_**  **Cash/Check PayPal** Ck# \_\_\_\_\_\_\_\_\_\_\_\_\_

One 45 min class……………………$50.00 $52.00 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

One hour class ………...……….…...$57.00 $60.00

One 1 hour & 15 min …… ………...$64.00 $68.00 September Tuition \_\_\_\_\_\_\_\_\_

One 1 ½ hr. class ...............................$70.00 $74.00 Ck # \_\_\_\_\_\_\_\_\_\_\_\_\_

Two 1 hr. classes ...............................$110.00 $115.00 Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Three 1 hr. classes .............................$135.00 $142.00

Four 1 hr. classes ...............................$145.00 $162.00 May Tuition \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Two 1 ½ hr. classes ...........................$135.00 $142.00 Ck # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Fees are based on single registration. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Any Additional children in a family will be 10% off regular class fee.

**For available classes, days and times contact the Cartersville School of Ballet, Ltd. 770 - 386 – 4779**

***Cartersville School of Ballet Registration Form / Page Two***

 **Type of Class Day Time**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* I have included a $35.00 registration fee ($45 per family) with this registration form. Plus one month’s tuition to be used as May 2020 tuition.

\* I understand that I am registering for the nine-month season from September 2020 through May 2020. If I must withdraw after August 28, 2020 one month’s written notice is required to be sent to our email address: cvilleschballet@att.net. A student is not considered withdrawn until the written notice is received by the office manager. Parent/responsible party will continue to be billed without written notice of withdrawal.

\* I understand that monthly payments are due the first class of each month. A $5.00 late fee will be charged for payments received after the 10th of each month.

\*I understand a $25.00 fee will be charged for any returned check.

\* I understand that no refunds are given for classes missed but make-up classes may be taken within a month of classes missed.

\* I understand that a Costume/Recital Fee payment of $80.00 for dancers 9 and up and $70.00 for dancers 8 and under is due by January 31, 2021. Students taking more than one class will receive notification of additional costume fees. Costume fees are non-refundable. The office must be given written notice no later than January 1, 2021 of any student not planning to perform in the end of the year student concert.

**SIGNATURE OF PERSON RESPONSIBLE FOR TUITION / COSTUME PAYMENTS DATE**