

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

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 8/1/19 _____

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

One 45 min class..... \$50.00
One hour class\$57.00
One 1 hour & 15 min\$64.00
One 1 ½ hr. class\$70.00
Two 1 hr. classes\$100.00
Three 1 hr. classes\$125.00
Four 1 hr. classes\$145.00
Two 1 ½ hr. classes\$120.00

*Fees are based on single registration.

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

Office Use Only

Registration Fee _____

Ck# _____

Date _____

September Tuition _____

Ck # _____

Date _____

May Tuition _____

Ck # _____

Date _____

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

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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 2019 tuition.

* I understand that I am registering for the nine-month season from August 2019 through May 2020. If I must withdraw after August 1, 2019 one month's written notice is required to be sent to our email address: cvilleballet@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 A student is not considered withdrawn until the written notice is received by the office manager.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 November 1, 2019. 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 November 1, 2019 of any student not planning to perform in the end of the year student concert.

SIGNATURE OF PERSON RESPONSIBLE FOR TUITION / COSTUME PAYMENTS DATE