

PITTSBURGH BALLET THEATRE SCHOOL

2900 Liberty Avenue • Pittsburgh, PA 15201 • School Phone: 412-281-6727 • Fax: 412-281-9901

Registration Form 2010/11

√	Class	Tuition Amount (see payment schedule on reverse side)
	Mommy & Me	\$462/year Circle day of week attending: THU SAT \$50 non-refundable deposit due upon registration
	Pre-Ballet A (age 3)	\$654/year Circle day of week attending: THU SAT \$50 non-refundable deposit due upon registration
	Pre-Ballet B (age 4)	\$654/year Circle day of week attending: THU SAT \$50 non-refundable deposit due upon registration
	Pre-Ballet C (age 5)	\$654/year Circle day of week attending: WED SAT \$50 non-refundable deposit due upon registration
	Pre-Ballet D (age 6)	\$654/year Circle day of week attending: TUE SAT \$50 non-refundable deposit due upon registration
	Level IB (ages 7-8)	\$1214/year Thursdays & Saturdays \$200 non-refundable deposit required with registration
	Beginning Ballet (ages 7-10)	\$696/year Tuesdays, \$100 non-refundable deposit due upon registration

Please register according to age as of September 1st, 2010

Please place a check next to the class for which you are registering. Please also indicate day of week if applicable.

NOTE: Cancellation policy stated on reverse side of this form should be reviewed and must be signed to initiate registration process.

Returning or New Student? RETURNING / NEW (circle one) If New, how did you hear about us? _____

Student Name: _____ **Today's Date:** _____

Birthdate: _____ Age: _____ Current School: _____ Grade: _____ Male: _____ Female: _____

Home/Family Address: _____ Zip: _____

Family E-Mail (print): _____ Family Home Phone: _____

Father/Guardian: _____ **Mother/Guardian:** _____

Work Phone _____ Cellular: _____ Work Phone _____ Cellular: _____

Local Newspaper: _____

If applicable:

Student/Local Address: _____ Zip: _____

Student E-Mail (print) _____ Student Cell: _____

PARENT SIGNATURE REQUIRED ON REVERSE SIDE OF FORM TO COMPLETE REGISTRATION

STUDENTS MUST SUBMIT PHOTOCOPY OF MEDICAL COVERAGE CARD WITH REGISTRATION

PAYMENT/BILLING AUTHORIZATION:

____ Cash or Money Order enclosed; ____ Check enclosed; or

Charge # _____ Exp. _____ First Payment Amt. _____ Signature _____

By checking one of the boxes below, you have authorized AUTOMATIC Credit Card Deduction from the charge number above. This includes BOTH the registration deposit & all subsequent payments according to the payment schedule listed on the reverse side. You will not be required to phone the School Office each time a payment is due – this will be done either the day tuition is due or during the same week.

Children's Division

Registration, Cancellation, & Release

REGISTRATION: Students/Parents must submit a completed registration form and tuition payment prior to their first class.

- Returning students should register for the level indicted on their year-end evaluation.
- New Children’s Division students should register according to their age as of September 1 of the current year. On the first day of class, they will be assessed by the class instructor and may be re-assigned to a different level if necessary. Registration is for full school year.
- Placement classes are required for new students in the Student Division – phone the PBTS Office at 412.281.6727 to arrange a placement class. Registration is for full school year.
- Admission to and registration for the Pre-Professional program is by audition and invitation only. Registration is for full school year.

Class placement is at the discretion of the School Directors and faculty. Any necessary tuition adjustment will be made after placement.

ATTENDANCE: Consistent attendance is required. Student must notify the PBTS Office in advance if they must miss a class.

TUITION & PAYMENT:

Tuition at Pittsburgh Ballet Theatre School is designed to be reasonable and similar to other dance programs. It may be paid either in full or in payments according to the schedule listed here. Automatic credit card deduction is an option which permits an automatic credit card charge based on the payment schedule. Check the applicable box on this registration form to select this option. A 5% discount is offered to Student and Pre-Professional Divisions when full tuition is paid on or before August 15. Any payments received between payment periods will be reflected on the next scheduled invoice. Late payments incur a \$15 fee for every 10 days after the payment due date that the payment is not received by our office.

Class/Level	Annual Tuition	1	2	3	3	4
		Due Upon Registration	Due Aug 31	Due Dec 1	Due Jan 18	Due Mar 1
Mommy & Me	\$462	\$50	\$206	\$ -	\$206	\$ -
Pre Ballet	\$654	\$50	\$302	\$ -	\$302	\$ -
Level IB	\$1,214	\$200	\$338	\$338	\$ -	\$338
Beginning Ballet	\$696	\$100	\$298	\$ -	\$298	\$ -

WITHDRAWAL: Notice of withdrawal must be submitted to the School office *in writing* and is effective on the date received in the School office. Withdrawal notice may be mailed to PBTS, ATTN: Aaron Rinsema, 2900 Liberty Avenue, Pittsburgh, PA 15201, emailed to arinsema@pittsburghballet.org, or faxed to Attn: Aaron Rinsema at 412-281-9901.

REFUND:

Children’s Division

- If *written notice* is received in School office prior to start of first scheduled Fall class – refund all monies paid to-date, less the non-refundable tuition deposit
- Refunds will be issued on a prorated basis for withdrawals received with *written notice* after the start of classes

MEDIA RELEASE: *By signing below, I grant permission for any photographs and/or television footage, which may include my child, to be used for promotional purposes on television, or in newspapers, magazines, or any other media.*

MEDICAL RELEASE FORM: *By signing below on behalf of my child, I assume the risk associated with dance instruction/classes and agree that the Pittsburgh Ballet Theatre School (PBTS), Pittsburgh Ballet Theatre (PBT), and its Board of Directors, Faculty and any of the volunteers shall not be liable in any way for any injuries sustained or loss of property while attending the school or any of its related functions. I hereby grant permission to the Director and/or staff of the PBTS to authorize hospital admission and medical, surgical, and emergency treatment, including blood or blood product, transfusions, and diagnostic procedures. Additionally, I grant permission for the administration of anesthesia for the student where medically necessary in case of emergency, accident, and illness and only in the case that the parent or alternate family representative listed below can not be contacted.*

Family Physician Name/ Phone: _____

Allergies/Medical Conditions/Instructions: _____

Emergency Contact Name/Phone: _____

Parent/Guardian signature below indicating acceptance of terms listed within:

_____ **Date:** _____