

PITTSBURGH BALLET THEATRE SCHOOL

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

2016/17 Children's Division Registration Form

√	Class	Deposit + Annual Tuition <i>(non-refundable deposit due upon registration)</i>	Schedule
	Grown-Up & Me (age 18mo-2)	\$50 + \$480	Circle one: Tues: 9:30-10:00am Sat: 8:30-9:00am
	Pre-Ballet 2 (age 2)	\$50 + \$480	Circle one: Mon: 3:45-4:15pm Sat: 9:00-9:30am
	Pre-Ballet 3	\$50 + \$700	Circle one: Mon: 4:15-5:00pm Sat: 9:30-10:15am
	Pre-Ballet 4	\$50 + \$700	Circle one: Tues: 10:00-10:45am Sat: 10:15-11:00am
	Pre-Ballet 5	\$50 + \$700	Circle one: Tues: 3:45-4:30pm Sat: 11:00-11:45am
	Pre-Ballet 6	\$50 + \$700	Circle one: Tues - 5:30-6:15pm Sat: 11:45a-12:30pm
	Pre-Ballet Boys (ages 4-5)	\$50 + \$240	Sat: 12:45-1:15pm
	Pre-Ballet Boys (ages 6-8)	\$50 + \$356	Sat: 12:00-12:45pm
	Ballet Foundations 1 (ages 7+)	\$100 + \$696	Sat: 12:30-1:30pm
	Ballet Foundations 2 (ages 7+)*	\$100 + \$696	Wed: 6:30-7:30pm

*Placement Class required for class.

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

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 in '16/17: _____ Male: _____ Female: _____

Home/Family Address: _____ Zip: _____

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

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

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Work Phone _____ Cell: _____ Work Phone _____ Cell: _____

Local Newspaper: _____ **School Directory Opt-In***

*By checking here, we wish to opt in to the School Directory, with name, e-mail address, home address, telephone numbers, and any other personally identifiable information. PBT School will not rent, sell, or share personal information with third-party people, companies or entities, unless permission is received to do so.

SIGNATURE OF BILL PAYER REQUIRED ON REVERSE SIDE OF FORM TO COMPLETE REGISTRATION

STUDENTS MUST SUBMIT PHOTOCOPY OF MEDICAL COVERAGE CARD WITH REGISTRATION

PAYMENT/BILLING AUTHORIZATION: _____ Cash or M.O enclosed; or _____ Check enclosed; or

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

If you would like AUTOMATIC Credit Card Deductions taken from the charge number listed above, please mark Yes below. 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.

- Yes, please place me on Auto-Pay.
 No, I am not interested in Auto-Pay and wish to mail payments or phone the office with a credit card.

Registration, Withdrawal, & 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.
- Placement classes are required for new students in Ballet Foundations classes – phone the PBT School Office at 412.281.6727 to arrange a placement class.
- 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 email the PBT School Office, schoolabsences@pittsburghballet.org, in advance if they must miss a class. Students who cannot attend class regularly will not be permitted to participate in performances.

TUITION & PAYMENT:

All Deposits are non-refundable and due upon registration. Tuition at PBT 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. Any payments received between payment periods will be applied to the next scheduled payment. Late payments incur a \$15 fee for every 10 days after the payment due date that the payment is not received by our office.

- A sibling discount applies as follows: 10% off first additional child and 15% off second additional child. Discount applies to the lowest tuition amount.

Class/Level	Tuition Deposit Due Upon Registration	Annual Tuition	Due Aug 31	Due Dec 1	Due Jan 22	Due Mar 1
Grown-Up & Me/ Pre-Ballet 2	\$50	\$480	\$240	\$ -	\$240	\$ -
Pre Ballet 3 – 6	\$50	\$700	\$350	\$ -	\$350	\$ -
Pre-Ballet Boys (4-5)	\$50	\$240	\$120	\$ -	\$120	\$ -
Pre-Ballet Boys (6-8)	\$50	\$356	\$178	\$ -	\$178	\$ -
Ballet Foundations 1	\$100	\$696	\$348	\$ -	\$348	\$ -
Ballet Foundations 2	\$100	\$696	\$348	\$ -	\$348	\$ -

WITHDRAWAL: Notice of withdrawal must be submitted to the School Office *in writing* and is effective on the date received by the School Office. Withdrawal notice may be mailed to PBT School:

ATTN: Registrar, 2900 Liberty Avenue, Pittsburgh, PA 15201, emailed to PBTSchool@pittsburghballet.org, or faxed Attn: Registrar at 412-281-9901.

REFUND:

- 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 video footage, which may include my child and child’s name, to be used for promotional purposes on television, newspapers, magazines, social media, or any other media. By registering, permission is given to be interviewed, and/or collect quotations, text, and phrases for promotional purposes.*

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 (PBT School), 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 PBT School 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: _____

Signatures below indicate acceptance of terms and conditions included here and in the Handbook. This constitutes entire agreement between PBT School and undersigned. Active participation in our programs also constitutes acceptance of terms and conditions.

Bill Payer Signature: _____ **Printed Name:** _____ **Date:** _____

Parent signature (if not Bill Payer):

Signature: _____ **Printed Name:** _____ **Date:** _____