

BALLET ARTS ACADEMY 2009-2010 REGISTRATION FORM

1620 Rodgers, Suite 3
Missoula, MT 59802
Phone: (406) 549-3081

For BAA use only:

Initial: _____

Last Name: _____

Instructions: Complete **both sides**. All information is required. **PLEASE WRITE LEGIBLY!**

Student Information (complete a separate form for each student)

Student's Name (First, then Last, <i>exactly as you want it to appear in our recital programs</i>):	Age:
Student's Nickname (if any):	Birth Date:
Student's e-mail address (if any):	Student's Cell phone (if any):

Parent or Guardian Information

Name of parent(s) or guardian(s):
Address:
City, State, Zip:
E-Mail (please print legibly):
Home Phone:
Cell Phone(s) (indicate whose):
Work Phone(s) (indicate whose):

Family Information

Please list the names of any brothers or sisters also enrolled at BAA. (Households with 2 or more students receive a 10% discount.)

How Did You Hear About Us?

Please list how you heard about the classes at BAA (Friend or Family Member, Newspaper, Word of Mouth, Website, etc)
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Emergency Contact Information (Provide Name(s), Relationship, Phone number(s):

First Contact:	Second Contact:
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(over)

Student's Name: _____

Classes. List each class on a separate line. Enter the day and time the class meets. Sum the total hours per week. Calculate the tuition (monthly or semester), subtract any applicable discounts, add the annual non-refundable registration fee.

Example:

Class Title	Day and Time	Length of class	Amount Due (choose either Monthly –or– Semester payments)	
			Monthly	Semester
Children's Jazz	Monday 4:00-5:00	1 hour		
Ballet B	Wednesday 4:00-5:00	1 hour		
Total hours per week:		2 hours		
Monthly Tuition (from Tuition Schedule):			\$85.00	\$325.00
Discount (describe): 10% discount for 2 students in family			-8.5	-\$32.50
Annual registration fee (one-time):			\$25.00	\$25.00
Amount included with this Registration Form (indicate payment choice):			\$101.50	\$317.50

Class Title	Day and Time	Length of class	Amount Due (choose either Monthly –or– Semester payments)	
			Monthly	Semester
1.				
2.				
3.				
4.				
5.				
Total hours per week:				
Monthly Tuition (from Tuition Schedule):				
Discount (describe): _____				
Annual registration fee (one-time):				
Amount included with this Registration Form (indicate payment choice):				

Payment Information (Please read carefully before signing!)

Name of the individual responsible for payment of tuition: _____		Phone: _____
<p>Indicate which payment plan you wish to use:</p> <p>_____ Plan 1 – Semester. Two payments, one each semester – Fall due by September 10, Spring semester payment due by January 10.</p> <p>_____ Plan 2 – Monthly. Monthly payments, each due by the 10th of each month.</p>	<p>Please initial the following to indicate you have read and understood BAA's Tuition Policies:</p> <p>_____ I understand that all payments are due by the 10th of each month.</p> <p>_____ I understand that if my tuition becomes past due by 60 days, my child will not be allowed to participate in class until I become current.</p> <p>_____ I understand that the above named responsible person will be the sole contact regarding tuition payments.</p> <p>_____ By choosing an installment plan, I understand I am committed to paying for the entire semester in full, regardless of how many classes are offered during any particular month.</p> <p>_____ I understand that I am responsible for tuition for the entire semester and that I may drop a class at the end of the semester only.</p> <p>_____ I understand that I must notify BAA in writing if I withdraw my child from the studio.</p>	

For Ballet Arts Academy use ONLY		
Registration Fee _____	Ck # _____	Date _____
Payment _____	Ck # _____	Date _____