

Mailing Address:

The Ballet Barre, 253 Newton Sparta Road, Newton, NJ 07860

www.theballetbarre.net

Office: 973.579.2173

Studio: 973.579.1499

Billing Name _____
(Name of individual responsible for account)

Mailing Address _____ NJ _____
Street Town Zip Code

Home Phone _____ E-Mail _____

Parent 1 (Cell) _____ Parent 2 (Cell) _____

Student's Name _____ Student's Cell _____

Student's E-Mail _____ Birth date ____/____/____ School Grade ____

Emergency Contact Name & Number _____

Allergies, Injuries or Physical Disabilities _____

Previous Training (If elsewhere)

CLASS	DAY	START TIME	END TIME	TUITION	DISCOUNT	TUITION AFTER DISCOUNT
					10%	
					15%	
					20%	
					25%	
					30%	

Total: _____
Annual Student Registration: + 30.00

Registration fee plus first tuition payment: _____

Families attending three or more classes per week (excluding adult classes) are entitled to apply a discount as follows: **10%** off 3rd class; **15%** off 4th class; **20%** off 5th class; **25%** off 6th class; **30%** off 7th class. Please apply the greatest discount to the **shortest** class. **Annual tuitions paid in full by October 31 are eligible for an additional 5% discount.**

Tuition Policy

I understand the tuition is the same every month, regardless of the number of classes conducted or attended. A late fee of \$10 is applied to tuitions received after the 15th of the month.

Release of Liability

I release the officers, employees and agents of The Ballet Barre Performing Arts School from any and all liability or responsibility for injury or personal loss which might occur while participating at classes, rehearsals or workshops. I am aware of the risks of participation, which include, but are not limited to, the possibility of sprained muscles and ligaments, broken bones and tendonitis. I verify that I will be responsible for any medical costs I incur as a result of my participation.

Release of Photographs

I understand The Ballet Barre prints photographs of students for advertising purposes in brochures, telephone directories, newsletters, newspapers and the web. I release my child's image for filming and photography to The Ballet Barre.

Please indicate that you have read and agree to abide by The Ballet Barre's policies regarding tuition, liability and photography. If you have any questions, please speak to the director for further clarification before signing.

Parent's Signature (If under 18 years of age)

Date