

The Academy of Ballet Arts, Inc.



2914 Avenue North  
St. Petersburg, Florida 33713

On the World Wide Web:  
Telephone: 727-327-4401 AcademyofBalletArts.org

Student Registration	
Today's Date	
Check one:	<input type="checkbox"/> New Student <input type="checkbox"/> Returning Student

Please use a separate registration form for *each* student.  
Fill out front and back of form. Please Print!

Student Registration - Personal Information					Billing responsibility: <input type="checkbox"/> Student <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Other	
<b>Student</b> Last Name	<b>Student</b> First Name	<b>Student</b> Middle Name	Suffix (Jr, III)	Preferred first name		
<b>Student</b> Home Street Address		<b>Student</b> Home City		State	Zip Code	
<b>Student</b> Home Phone (area code & phone number)	<b>Student</b> Cell (area code & number)	<b>Student</b> Email		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
<b>Student</b> Academic School		<b>Student</b> Grade	Birthdate (mm / dd / yyyy)		Age	

If Home Address and Phone Number are the same as the student, check the "same as Student" box. Indicate relationship to Student and mark *which* contact (#1 or #2) is to be used as the primary billing address. Please include Cell phone, work phone and employer information. This extra information is used to contact you in case of Emergency. Additional Emergency Contacts can be listed on a separate sheet of paper if desired.

Billing/Contact Information #1		Family Relationship To Student			<input type="checkbox"/> Self <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Use this address as the Primary Billing address.						
Last Name	First Name	Middle Name	Suffix (Jr, III)	Preferred first name		
Home Street Address <input type="checkbox"/> same as Student Home address		Home City		State	Zip Code	
Home Phone (area code & phone number)	Cell Phone (area code & number)	Email				
Occupation	Employer	Employer City		Work Phone (area code & number)		

Billing/Contact Information #2		Family Relationship To Student			<input type="checkbox"/> Self <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Use this address as the Primary Billing address.						
Last Name	First Name	Middle Name	Suffix (Jr, III)	Preferred first name		
Home Street Address <input type="checkbox"/> same as above		Home City		State	Zip Code	
Home Phone (area code & phone number)	Cell Phone (area code & number)	Email				
Occupation	Employer	Employer City		Work Phone (area code & number)		

Be sure to fill out the reverse side of this form with a list of requested classes for this student.  
Please specify both the Class number and the Class Title to minimize scheduling and billing errors.

As of January 2009, we are now producing monthly statements. All Statements are emailed.  
Sorry, but due to the cost of Postage we cannot mail them without charging a special fee.

Check the box and initial to receive your statement by US Mail:  US Mail (subject to extra cost) \_\_\_\_\_

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Student ID	Billing or Family ID	Tuition Rate (per month)	Registration Fee	School year	

How did you hear about the Academy?	
Previous Training:	
<b>ABA Assigned Class Level</b>	<input type="checkbox"/> Creative Movement <input type="checkbox"/> Pre-Ballet <input type="checkbox"/> Ballet Fundamentals <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> Level V <input type="checkbox"/> Level VI <input type="checkbox"/> Adult Ballet <input type="checkbox"/> Jazz
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
Leave this box blank	<b>Class Registration</b> Enter the <u>4-digit Class Numbers &amp; Titles</u> from the Class Schedule List for all classes desired.
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

I / We understand that tuition is payable on the first of each month. A late fee of \$10.00 will be charged for payments made after the tenth of each month. Absences may be made up only during the month in which the classes were missed and only in the classes designated by the teacher.

**No adjustments in monthly tuition will be made for missed classes due to illness, work schedules, vacations or holidays.**

By your signature below, you acknowledge that photographs and/or video may be taken of the student, and that *The Academy of Ballet Arts, Inc.* may use such media and/or likenesses in print, on the World Wide Web, and/or for training purposes. If you have an objection to the use of your student's image, please contact *The Academy* before completing this form.

**The Academy of Ballet Arts, Inc. admits students of any race, color, religious preference and national or ethnic origin.**

Parent / Student		
Signature	_____	_____ Date
Teacher's Signature	_____	_____ Date
Artistic Director's		
Signature	_____	_____ Date

<b>Billing Summary</b>				
<b>List all Family Members</b> (that are also registered as Students)				Billing or Family #
Family Member	Student # (if known)	Student Name	Number of Individual Classes	Monthly Cost
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>Note:</b> This summary is accurate as of this date but is subject to change if any Student Schedule Changes occur.			<b>Totals</b>	