

2010-2011 Registration Form

Academy of Classical Ballet • 21501 N 78th Ave, Suite 100 • Peoria AZ 85382
623-572-7222 • ACBALLET.COM

Student Name: _____ Age: _____ Date of Birth: ____/____/____ (m/d/yr)

Today's Date: _____ Name of Parent/Guardian: _____

Phone (Parent/Guardian)

Address (mailing __ billing __)

_____ cell (mother ____ father ____)

Address: _____

_____ cell (mother ____ father ____)

City/State/Zip: _____

_____ daytime (mother ____ father ____)

Email: _____

Emergency Contact Information (in case parent/guardian cannot be reached)

Alternate Address (mailing __ billing __)

Contact Name: _____

Address: _____

Relationship: _____

City/State/Zip: _____

Phone: _____ (daytime)

Email: _____

_____ (evening) _____ (cell)

How did you hear about our Academy? Friend: _____ Website _____ Other: _____

Check If Interested in the ACB Arts Lesson Program or Birthday Party Program

Piano __ Voice __ Guitar __ Flute __ Saxophone __ Clarinet __ Violin __ Birthday Party __

* If enrolling more than 1 child, medical/photo release, waiver of liability need to be completed for each child. Only complete the name, age of student, date of birth and name of parent or guardian on subsequent registration forms.

Registration

Waivers Signed ____

Sched. Attached ____

Tuition Calc ____

Apparel Form ____

Payment

Payment Rec'd ____

Check #/Cash ____

Quick Books

Account Update ____

Current Billing ____

Mem Xtion ____

Data Base

Student Detail ____

Student/Class ____

Academy of Classical Ballet Registration cont.

Print Student Name: _____

Medical Information:

Does the student have any injuries (previous or new)? Yes/No (circle one). If yes, please explain: _____

Does the student have any medical conditions that might affect his/her behavior or ability to participate fully in our program? Yes/No (circle one). If yes, please explain: _____

Does the student have any allergies (severe or mild)? Yes/No (circle one). If yes, please explain: _____

Does the student need to carry an Epi-pen at all times? Yes/No (circle one)

Medical Coverage/Authorization for Substituted Consent:

I authorize that I or my child is covered by a personal or family medical plan, health insurance or an HMO that includes coverage for injuries sustained while the student is participating in any of the Academy of Classical Ballet, LLC's classes, rehearsals, performances, activities or programs sponsored by the Academy of Classical Ballet, LLC or its non-profit organization, Ballet Forme. Neither organization will be responsible for any costs or liabilities resulting from a lack of such coverage.

I hereby grant permission to the Principal of the Academy of Classical Ballet, LLC or anyone designated by the Principal, and to those persons listed above as emergency contacts to authorize emergency medical or surgical treatment, including but not limited to blood or blood product transfusions, diagnostic procedures and the administration of anesthesia, for the student where medically appropriate in the case of injury, accident or illness; subject however to the following limitations.

This authorization is given for the benefit of the student. The authorization given to the Principal is given with the understanding that the Principal or the Principal's designee will act only in my absence and only until I, my spouse, the legal guardian or persons designated above can be contacted. I do understand that the medical appropriateness of such treatment will be determined by the attending physician or the medical facility's medical staff and that such a determination shall be conclusive evidence of the reasonableness of the consent given. I agree to hold the Principal, anyone designated by the Principal, and any Academy of Classical Ballet, LLC employees harmless from liability arising from any and all medical treatment or complications arising there from, rendered as a result of consent given pursuant to this authorization.

I further authorize the release by the Academy of Classical Ballet, LLC or persons listed above to the health care provider of such medical and personal information as the Academy of Classical Ballet, LLC or persons listed above may have regarding the students and the use of such information by the health care provider in the subsequent medical treatment of the student.

I have read the Academy of Classical Ballet, LLC rules and regulations and I understand that complying with these policies will help my child and the academy to grow successfully.

Parent's Signature: (if student is under 18) _____ Date: _____

Photographic Consent /Release:

I hereby give permission to the Academy of Classical Ballet, LLC to take photographs, videos and or film of my child or myself. I consent to the use of such materials for promotional purposes by the Academy of Classical Ballet or Ballet Forme.

I recognize the risks of accident or injuries associated with the program of dance and acknowledge that I am participating upon the express understanding that I am willing and able to accept full responsibility for my own and/or my child's safety and welfare. I hereby release the Academy of Classical Ballet, LLC and agree to hold the Academy harmless from and against any and all claims and liabilities whatsoever which I may have, arising out of the participation with the Academy, except for those relating from gross negligence or willful misconduct of the Academy of Classical Ballet, LLC. I hereby execute and deliver this release inducing the Academy of Classical Ballet, LLC to permit me or my child to participate in its programs.

Parents Signature (if student is under 18): _____ Date: _____

The Academy of Classical Ballet, LLC offers equal employment and educational opportunities in accordance with all applicable Federal, State and local laws against discrimination on the basis of race, sex, religion, national origin, age or sexual orientation.

Release and Waiver of Liability and Indemnity Agreement

(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in the Dance Program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below dance activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/WE fully understand and acknowledge that:
 - (a) There are risks and dangers associated with participation in Dance events and activities which could result in bodily injury partial and/or total disability, paralysis and death.
 - (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
 - (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.
 - (d) There may be other risks not known to us or are not reasonably foreseeable at his time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.
4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the dance facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the dance event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the dance facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee"...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next of kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.
5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Dance School Academy of Classical Ballet

Parent or Guardian Signature (if minor) _____

Parent or Guardian Signature (if minor) _____

Printed Name of Participant _____

Address of Participant _____

Received by _____
Registrar Signature Printed Name Member # Region on File Date

Parent Acknowledgement of ACB Handbook

I have read the 2010-2011 ACB Handbook. Copies are available online at acballet.com and at the Front Desk. I understand and accept all policies outlined in the ACB Handbook.

Parent/Guardian Signature: _____ Date: _____

Tuition and Fees Calculation

1. Using the schedule on the next/back page, **circle class(es) the student is taking and find total number of hours per week.**
2. Identify your ACB Tuition Rate using the Tuition Chart page
 - a. Choose appropriate section: Pre-Ballet thru Level 2 or Level 3 and Higher
 - b. Choose appropriate chart: even hour, 1/4 hour, 1/2 hour, or 3/4 hour.
 - c. Choose a payment plan (ten, one, two, or four). Note that for 1 and 2 payment options, rates are reduced by 5% and 2.5% respectively. Only available through August 16, 2010.

3. Calculate Initial Payment
 - a. Registration*^ --- \$25/student
 - b. Winter Stage Fee*# --- \$105/student or \$150/family (circle one if appropriate)
 - c. Spring Stage Fee *+ --- \$65/student or \$100/family (circle one)
 - d. ACB Tuition ## _____ (from chart on page 6)
 - e. Uniforms/Sportswear _____
 - f. ACB Goes to the Ballet ** _____

Total Charge _____ **Submitted** _____
Check # or Cash _____ **Cash received by** _____

* Registration Fee is non-refundable. Stage Fee is non refundable, required for all non-adult students.
 ^ Students who paid full Summer Registration Fee pay only \$15 for Fall Registration
 + Mandatory for all non-adult students

Mandatory for all students participating in a highlighted/bold classes on schedule

** Voluntary program to purchase group tickets to see Ballet Arizona performances. \$15 per ticket is a non-refundable deposit on tickets. Children are aged 12 & under. Final price: Adult - \$28.00, Children - \$20

Classes that do not meet minimum enrollment may be subject to cancellation or a small class premium. Premiums are effective upon written notification or at a future date determined by ACB. We do not prorate tuition in either the 1st, 5th, or 10th Billing Cycle. See Handbook for details.

Special Notes

- Boys Scholarship is 50% and covers all dance classes except Boys Ballet Class. Sibling discounts do not apply to students on scholarship.
- Sibling discounts for tuition will be computed by the office. See Handbook for details
- Winter Performance dates are Dec 10, 11. Spring Performance dates are June 3, 4.

Uniform Order				
Item	Price	Size	Quantity	Total
Leotard - Child	\$22			
Leotard - Adult	\$29			
Skirt	\$25	One Size		
Tights	\$16			
Class Belt	\$7	One Size		
Total				
ACB Goes to the Ballet				
Show			Price/Qty	Total
Midsummer's Night Dream Nov 6 @ 8:00 PM			Child \$15 x _____ = _____	
			Adult \$15 x _____ = _____	
			Total	
Don Quixote Feb 13 @ 2:00			Child \$15 x _____ = _____	
			Adult \$15 x _____ = _____	
			Total	

2010 - 2011 Payment Cycle Chart

Payment Cycle	Cycle 1 & 1st Qtr - Due @ Registration				Cycle 2 - Due on 9/10					Cycle 3 & 2nd Qtr - Due on 10/10			
Week Of	8/16	8/23	8/30	9/6	9/13	9/20	9/27	10/4	10/11	10/18	10/25	11/1	11/8
Payment Cycle	Cycle 4 - Due on 11/10				Cycle 5 - Due on 12/10					Cycle 6 & 3rd Qtr - Due on 1/10			
Week Of	11/15	11/22	11/29	12/6	12/13	12/20	12/27	1/3	1/10	1/17	1/24	1/31	2/7
Payment Cycle	Cycle 7 - Due on 2/10				Cycle 8 & 4th Qtr - Due on 3/10					Cycle 9 - Due on 4/10			
Week Of	2/14	2/21	2/28	3/7	3/14	3/21	3/28	4/4	4/11	4/18	4/25	5/2	
Payment Cycle	Cycle 10 - Due on 5/10												
Week Of	5/9	5/16	5/23	5/30									

Academy of Classical Ballet

2010 - 2011 Calendar and Class Schedule (As of Jan 4th, 2011 - Subject to Change)

Classes Begin Aug 16th -- Classes End June 4th

Spring Performance dates are June 3,4.

Classes not meeting minimum enrollment may be cancelled or have a Small Class Premium

Day	Studio A		Studio B	
Monday	If you don't see a class that you're looking for, go to Contact US at acballet.com. If there is enough interest, we'll add it in.		10:00 am - 12:00 pm	Adult Ballet - Intermediate/Advanced
			3:30 pm - 4:30 pm	Open
	4:30 pm - 5:30 pm	Pre-Primary I & II Ages 5-1/2 -7		
	5:30 pm - 6:30 pm	Open		
	6:30 pm - 7:45 pm 7:45 pm - 8:30 pm	Level 5/6 (includes Advanced Pointe)*	6:00 pm - 7:45 pm	Lvl 4 - 1.25 Tech + 30 min Rep/Stretch
Tuesday			3:30 pm - 4:30 pm	Open
	5:00 pm - 6:00 pm	Level 1	4:45 pm - 6:30 pm	Level 3 - 1 hour Tech + 45 min Rep/Stretch
			6:30 pm - 8:30 pm	Level 5/6
Wednesday			3:30 pm - 4:30 pm	Open For Privates
	4:00 pm -5:00 pm	Gotta Dance Beg Ballet*	4:00 pm -5:30 pm	
	5:00 pm - 6:15 pm	Level 2	5:30 pm - 6:30 pm	Beginning Pointe
	6:30 pm - 7:45 pm	Level 3/4	6:30 pm - 7:30 pm	Level 5/6 - Technique
			7:30 pm - 8:30 pm	Intermediate Pointe
Thursday			4:00 pm - 5:00 pm	
	5:00 pm - 6:00 pm	Gotta Dance Intermediate Ballet *	5:00 pm - 6:30 pm	Level 4/5
			6:30 pm - 8:30 pm	Level 6 - Technique
Friday	Closed			
Saturday	Studio A		Studio B	
	8:30 am - 10:30 am	Beg, Int, & Adv Repertory**		
	10:30 am - 11:30 am	Level 2	10:30 am - 11:30 am	Level 1
	11:30 am - 12:30 pm	Boys	11:30 am - 12:30 pm	Int Character (Levels 3,4)
			12:30 pm - 1:30 pm	Pre-Primary I & II Ages 5-1/2 -7
	Studio C			
	9:00 am - 9:45 am	Creative Dance I (ages 3-4)		
	9:45 am - 10:30 am	Creative Dance II (ages 4-5)		
	10:30 am - 11:30 am	Adv Character (Levels 5,6)		
	11:30 am - 12:30 pm	Beg/Int Contemporary (Levels 1-3)		
12:30 pm - 1:30 pm	Advanced Contemporary (Levels 4-6)			
1:30 pm - 3:00 pm	Level 5/6 Technique			

All Classes are by Instructor Approval

Highlighted/Bolded/Italics Classes - Performs in Winter and Spring Show and Must Must Pay Both Stage Fees.

* Non Performing Class Spring Performance Date - June 4, 2011

** Rehearsal for Winter & Spring Show - Billing Rate: Pre-Primary through Level 2 at \$40 per billing cycle; Levels 3,4 at \$55 per billing cycle; Levels 5,6 at 2.0 hours per billing cycle.

School Closures

Labor Day -- Sep 6	Winter Recess -- Dec 20 - Jan 2	Spring Break -- March 12 - 19
Thanksgiving -- Nov 24 -27	MLK Holiday -- Jan 17	Easter Break -- April 23
	President's Day -- Feb 21	Memorial Day -- May 30

Call if interested in class times or classes not on schedule as interest lists for new classes are maintained.

Academy of Classical Ballet Tuition Chart 2010-2011

Pre Ballet thru Level 2				
Hours/week	10 Payments	1 Payment	2 Payments	4 Payments
1	N/A	\$428	\$219	\$113
2	\$85	\$808	\$414	\$213
3	\$120	\$1,140	\$585	\$300
4	\$150	\$1,425	\$731	\$375
5	\$175	\$1,663	\$853	\$438

Pre Ballet thru Level 2				
Hours/week	10 Payments	1 Payment	2 Payments	4 Payments
1.25	N/A	\$523	\$268	\$138
2.25	\$94	\$891	\$457	\$234
3.25	\$128	\$1,211	\$622	\$319
4.25	\$156	\$1,484	\$762	\$391
5.25	\$180	\$1,710	\$878	\$450

Pre Ballet thru Level 2				
Hours/week	10 Payments	1 Payment	2 Payments	4 Payments
1.5	N/A	\$618	\$317	\$163
2.5	\$103	\$974	\$500	\$256
3.5	\$135	\$1,283	\$658	\$338
4.5	\$163	\$1,544	\$792	\$406
5.5	\$185	\$1,758	\$902	\$463

Pre Ballet thru Level 2				
Hours/week	10 Payments	1 Payment	2 Payments	4 Payments
1.75	N/A	\$713	\$365	\$188
2.75	\$111	\$1,057	\$541	\$278
3.75	\$143	\$1,354	\$693	\$356
4.75	\$169	\$1,603	\$820	\$422
5.75	\$190	\$1,805	\$923	\$475

Level 3 and Higher				
Hours/week	10 Payments	1 Payment	2 Payments	4 Payments
1	N/A	\$456	\$233	\$120
2	\$91	\$865	\$442	\$228
3	\$131	\$1,245	\$637	\$328
4	\$167	\$1,587	\$812	\$418
5	\$200	\$1,900	\$972	\$500
6	\$228	\$2,166	\$1,108	\$570
7	\$251	\$2,385	\$1,220	\$628
8	\$271	\$2,575	\$1,317	\$678
9	\$287	\$2,727	\$1,395	\$718
10	\$303	\$2,874	\$1,470	\$756
11	\$315	\$2,993	\$1,531	\$788
12	\$328	\$3,111	\$1,592	\$819
13	\$340	\$3,230	\$1,652	\$850

Level 3 and Higher				
Hours/week	10 Payments	1 Payment	2 Payments	4 Payments
1.25	N/A	\$558	\$286	\$147
2.25	\$101	\$960	\$491	\$253
3.25	\$140	\$1,330	\$680	\$350
4.25	\$175	\$1,665	\$852	\$438
5.25	\$207	\$1,967	\$1,006	\$518
6.25	\$234	\$2,221	\$1,136	\$584
7.25	\$256	\$2,432	\$1,244	\$640
8.25	\$275	\$2,613	\$1,337	\$688
9.25	\$291	\$2,763	\$1,414	\$727
10.25	\$306	\$2,903	\$1,485	\$764
11.25	\$318	\$3,022	\$1,546	\$795
12.25	\$331	\$3,141	\$1,607	\$827
13.25	\$343	\$3,254	\$1,665	\$856

Level 3 and Higher				
Hours/week	10 Payments	1 Payment	2 Payments	4 Payments
1.5	N/A	\$660	\$338	\$174
2.5	\$111	\$1,055	\$539	\$278
3.5	\$149	\$1,416	\$724	\$373
4.5	\$184	\$1,743	\$892	\$459
5.5	\$214	\$2,033	\$1,040	\$535
6.5	\$240	\$2,275	\$1,164	\$599
7.5	\$261	\$2,480	\$1,268	\$653
8.5	\$279	\$2,651	\$1,356	\$698
9.5	\$295	\$2,800	\$1,432	\$737
10.5	\$309	\$2,933	\$1,501	\$772
11.5	\$321	\$3,052	\$1,561	\$803
12.5	\$334	\$3,171	\$1,622	\$834
13.5	\$345	\$3,278	\$1,677	\$863

Level 3 and Higher				
Hours/week	10 Payments	1 Payment	2 Payments	4 Payments
1.75	N/A	\$762	\$390	\$201
2.75	\$121	\$1,150	\$588	\$303
3.75	\$158	\$1,501	\$768	\$395
4.75	\$192	\$1,822	\$932	\$479
5.75	\$221	\$2,100	\$1,074	\$553
6.75	\$245	\$2,330	\$1,192	\$613
7.75	\$266	\$2,527	\$1,293	\$665
8.75	\$283	\$2,689	\$1,375	\$708
9.75	\$299	\$2,837	\$1,451	\$747
10.75	\$312	\$2,963	\$1,516	\$780
11.75	\$324	\$3,082	\$1,576	\$811
12.75	\$337	\$3,200	\$1,637	\$842
13.75	\$348	\$3,301	\$1,689	\$869