



2019-2020 TRAINING PROGRAM REGISTRATION FORM

Student Name: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Fathers Name: _____

Time of Class	Day of Class	Class Title	Name of Instructor	Length of Class
Total Length of Classes				

Please complete the table above if your dancer does not wish to participate in the full training program classes indicated below.

TRAINING PROGRAM PRICING:

All training program classes are based at a \$60/hour pricing.

Total length of Classes	Pricing
30 MINUTES	\$30
45 MINUTES	\$45
60 MINUTES	\$60
75 MINUTES	\$75
90 MINUTES	\$90
105 MINUTES	\$105
120 MINUTES	\$120

ACCOUNT INFORMATION:

VISA: _____ MASTERCARD: _____

EXP: _____ INITIAL: _____

MONTHLY PAYMENT: \$ _____

REGISTER FOR FULL TRAINING PROGRAM

TRAINING LEVEL	Pricing/Month
LEVEL 1	\$255.00
LEVEL 2	\$290.00
LEVEL 3	\$300.00
LEVEL 4	\$310.00

Full training program classes include the following:

Please note, your dancers level will be placed upon owner approval. An evaluation is required provided prior to a level placement.

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| <p>LEVEL 1</p> <ul style="list-style-type: none"> 2 Ballet Classes (60m) 1 Jumps & Turns (45m) 1 Flexibility Class (45m) 1 Combo Class (45m) 1 Tap Technique (30m) 1 Technique Class (60m) | <p>LEVEL 2</p> <ul style="list-style-type: none"> 3 Ballet Classes (60m) 1 Jumps & Turns (45m) 1 Flexibility Class (45m) 1 Combo Class (45m) 1 Tap Technique Class (30m) 1 Technique Class (60m) |
| <p>LEVEL 3</p> <ul style="list-style-type: none"> 3 Ballet Classes (75m) 1 Horton Class (60m) 1 Jumps & Turns Class (45m) 1 Flexibility Class (45m) 1 Combo Class (45m) 1 Technique Class (60m) | <p>LEVEL 4</p> <ul style="list-style-type: none"> 3 Ballet Classes (75m) 1 Horton Class (60m) 1 Jumps & Turns Class (45m) 1 Flexibility Class (45m) 1 Combo Class (45m) 1 Technique Class (60m) 1 Pointe Class (30m) |

IMPORTANT NOTE:

By signing below, I understand there are no refunds once a payment is made due to any injury, illness, or any additional act of nature.

Parent Name (Print): _____

Parent Signature: _____

Date: _____

STAFF ONLY:

Added to Attendance: _____

Added to Billing System: _____

Date Completed: _____

Receipt Number: _____