

## 2016-2017 REGISTRATION FORM Semester 2

### Charles River Ballet Academy

The tuition installment listed below covers classes from January 17, 2017-June 17, 2017. Please refer to the 2016-2017 schedule for specific class days and times. *Exceptions: Pre-Ballet and Ballet Together class finish May 13, 2017. Adult Ballet finishes May 8, 2017.*

**Tuition for first semester (1/17/17 – 6/17/17):** for Pre-ballet, Ballet Together and Adult dates see above)  
*Recommended number of days per week are in bold.*

**Ballet Together 1x/week: \$295**

**Pre-Ballet I and II 1x/week: \$270**

**Primary A and B 1x/week: \$295**

**Class I 1x/week: \$315**

**Class II 2x/week: \$595, 1x/week: \$395**

**Class III 2x/week: \$595**

**Class IV 4x/week: \$1100, 3x/week: \$950, 2x/week: \$750 (minimum 3x/week for Preparatory Pointe)**

**Class V and VI 5x/week: \$1375, 4x/week: \$1195, 3x/week: \$1050, 2x/week: \$825 (minimum 3x/wk for pointe at this level)**

**Class VII 5x/week: \$1425, 4x/week: \$1250, 3x/week: \$1095, 2x/week: \$895**

**Adult Class 1x/week: \$315**

Refunds (less non-refundable deposit of 25% of full first semester tuition) for withdrawals prior to 1/24/17 only. No refunds or credits for withdrawals made after 1/24/17.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Parents' names \_\_\_\_\_

Cell Phone \_\_\_\_\_ Emergency contact name and number \_\_\_\_\_

Previous Dance Experience \_\_\_\_\_

Class Name \_\_\_\_\_ Day(s) of class Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_

How did you hear about Charles River Ballet Academy? \_\_\_\_\_

#### WAIVER OF LIABILITY

I understand that dance is a physical activity and that there is an inherent risk of injury in participating in dance. I give approval for my child to participate in all aspects of Charles River Ballet Academy, LLC. I will not hold Charles River Ballet Academy, LLC or any of its teachers, students, or volunteers responsible for any injury to my child while participating in its classes, rehearsals, or performances. I also give approval for photos of my child to be used in CRBA ads, programs, poster, DVD cover, and website.

\_\_\_\_\_  
(signature of parent)

\_\_\_\_\_  
(date)

Please make your check to **Charles River Ballet Academy, LLC**, and send to 2 Walnut Park Rd. Natick, MA 01760.

Please check here only if you do NOT want to be included in your student's class directory \_\_\_\_