



School 2019 Summer Registration Form

Student's Name: _____ Age _____ Birth Date _____

Address _____ City _____ State _____

Zip Code _____ Parent Phone (cell) _____ (work) _____

Parent Email _____

Parent's Name _____

Emergency Contact Name _____

Emergency Contact Phone # _____

How did you first hear about Campaneria Ballet School's Summer programs?

Are you new to Campaneria Ballet School _____? Current CBS student _____?

Agreement for Participation

I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury. Campaneria Ballet School is not responsible for personal property or injury.

I have received the Policies and Guidelines and agree to adhere to all the content stated therein including: *Studio Policies *Tuition & Payment Information *Dress Code

I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable.

I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Date _____

Signature: _____

NO CLASSES The Week of July 1-6

6 week Session

Please List the Class(es) in which you wish to enroll

Class	Day/Time	Tuition Due
1		
2		
3		
4,		
5		

_____ **45 Minute Class-\$90**

_____ **1 Hour Class- \$120**

_____ **1.5 Hours -\$180**

_____ **2 Hours- \$240**

_____ **Each additional hour- \$80**

\$_____ **Tuition Due**

\$_____ **\$20 Registration Fee**

\$_____ **AMOUNT PAID**

****NO REFUNDS ALLOWED****

\$_____ **BALANCE**

\$_____ **AMOUNT DUE**

_____ **Check # (made payable to Campaneria Ballet School)** _____ **Credit Card** _____ **Cash**

10% SIBLING DISCOUNT

A 3.5 % Convenience Fee will be added for Credit Card Transactions

Call 919-651-4650 with questions or to register.