

Ballet Academy Ventura

2750 E. Main Street, Ventura, CA

2008-2009 Registration Form

Name of Student:		E-mail Address:	
Parent's Name		Birthday:	
Home Phone #		Cell Phone #	
Work/emergency #		Cell Phone #	
Address/City/Zip:			
How did you hear about us:			
News article ____		Yellow pages ____	Friend ____ other ____
Drove by studio ____		Web page ____	Performance ____
Date of Registration:		Date of placement class, if given:	
Level:	Class days/times:		
Registration fee:	Tuition:	Prorated tuition:	

Automatic Payment Consent form

I hereby authorize Ballet Academy Ventura to charge my account of \$ _____

on the 5th Day of each month starting _____.

I understand a minimum of 2 months tuition will be charged upon registration.

Additional charges to be charged to AutoPay at registration.

\$ _____ on _____ Registration fee / \$ _____ on _____ for _____.

I understand that I must give one month's notice from the first day of the month to discontinue these charges.

Recital: My child will _____ will not _____ participate in the June Recital on June 13, 2009.

Recital Fee: \$40 Pay by January 15, 2009: Deduct with Auto Pay at Registration _____ or Jan 15, 2009 _____.

Recital Fee: \$40 Will send Payment by January 15, 2009 .

(Signature of responsible billing person)

For Office Use Only:

of classes:

Hours/week: