



2017 Fall Registration Form

Student's Name: _____ Date of Birth: _____

Parent/Guardian:

Parent: _____ Work # _____ Cell # _____

Parent: _____ Work # _____ Cell # _____

Home # _____ Child Cell# _____

Email: _____

Home Address: _____

Street _____

City _____ State _____ Zip _____

Beginning Tuesday, September 5, 2017	
Monday	Tuesday
10:00 am - 3:00 pm - Company Rehearsal	9:30 am - 10:30 am - Adult Ballet
3:45 pm - 4:30 pm - Pre Primary	10:30 am - 3:00 pm - Company Rehearsal
4:30 pm - 6:00 pm - Level III	
6:00 pm - 6:30 pm - Pointe I	4:00 pm - 5:15 pm - Level II
6:30 pm - 8:00 pm - Level IV/V	5:15 pm - 5:45 pm - Level II Prepointe
8:00 pm - 9:00 pm - Jazz III/IV	5:45 pm - 6:45 pm - Contemporary
	6:45 pm - 9:15 pm - Level IV/V & Variations
Wednesday	
10:00 am - 3:00 pm - Company Rehearsal	Thursday
3:30 pm - 4:00 pm - Baby Ballet (3 yrs)	10:00 am - 3:00 pm - Company Rehearsal
4:00 pm - 5:00 pm - Primary (6/7 yrs)	3:30 pm - 4:15 pm - Joy of Dance (Ballet/Tap/Jazz)
5:00 pm - 6:00 pm - Level I	4:15 pm - 5:30 pm - Level II
6:00 pm - 6:30 pm - Level I/II Stretch	5:30 pm - 7:00 pm - Level III
6:30 pm - 8:00 pm - Level III	7:00 pm - 9:00 pm - Level IV/V & Pointe
8:00 pm - 9:00 pm - Teen / Adult Ballet	
	Saturday
Friday	8:30 am - 9:00 am - Baby Ballet (3 yrs)
10:00 am - 3:00 pm - Company Rehearsal	9:00 am - 9:45 am - Pre Primary (4/5yrs)
4:30 pm - 5:30 pm - Level III/IV Stretch	9:45 am - 10:45 am - Primary (6/7 yrs)
5:30 pm - 7:00 pm - Level IV/V	11:00 am - 12:00 pm - Level I/Beginner Ballet (8 yrs)
7:00 pm - 9:00 pm - SAYB Rehearsals as needed	12:00 pm - 1:30 pm - Level IV/V
	1:30 pm - 2:30 pm - Jazz I/II
*****Subject to change*****	2:45pm - 6:00 pm - SAYB Rehearsals



Fall Class Fee and Waiver Form

***Our primary form of communication is by email.** Please keep an eye out for updates to the schedule. More classes and workshops to come!

Please see below for the weekly fee schedule. There is a one -time **Fall** enrollment payment of **\$25.00** due at the time of registration.

Weekly Hours	Monthly Fee
30 min	60
45 min	65
1 hr	70
1.25 hr	85
1.5 hr	100
2 hr	125
2.5 hr	150
3 hr	165
3.5 hr	180
4 hr	205
4.5 hr	220
5 hr	235
5.5 hr	245
6 hr	255
6.5 hr	265
7 hr	270
7.5 hr	275
8 hr	280
8.5 hr	285
9 hr	290
9.5 hr	295
Unlimited	300

Total #of Hours_____

Total hours = \$_____+ Registration fee **\$25.00** = _____

Credit Card Information:

Cardholder's Name _____

Cardholder's Address_____

City/State_____ Zip code_____

CC Number _____ Exp_____ CVV_____

Email_____

Waiver and Release

In consideration of my participation and/or the participation of my child in the activities of San Antonio Ballet School, I hereby agree, on behalf of myself and/or my child, to hold free and harmless from any and all liability, San Antonio Ballet School, Bravo Ballet School, Danielle Campbell Steans and their directors, officers, agents, and employees, and do hereby for myself and/or my child, and our respective heirs and legal representatives, waive, release, and forever discharge any and all claims, causes of action, damages, or other rights against San Antonio Ballet School, Bravo Ballet School, Danielle Campbell Steans, and their directors, officers, agents, and employees, which I and/or my child may have or which may hereafter accrues to me and/or my child arising out of or connected with my participation, or that of my child, in any activities of San Antonio Ballet School, Bravo Ballet School. San Antonio Ballet School, Bravo Ballet School and Danielle Campbell Steans may post my child's name on their Website. I am aware that pictures of my child may be taken during classes, rehearsals or performances. I am aware that pictures may be posted to a website, email or printed materials. The pictures will be used for the San Antonio Ballet School's purposes. Pictures posted to the website, email or printed materials are considered the property of San Antonio Ballet School and Danielle Campbell Steans and may not be sold or reused without the consent of Danielle Campbell Steans. I authorize San Antonio Ballet School to automatically debit my account for tuition payments the first day of every month hereafter until I provide written notification of cancellation.

I have read and agree to be bound by the preceding waiver and release

Parent Signature:_____

Date :_____

Authorization for Auto Pay : Yes No