



CLASSICAL BALLET ACADEMY Student Registration

Student Information: Last Name: _____ First Name: _____
Date of Birth: _____ School (academic): _____
Street Address: _____
City, State, Zip: _____
Student Email: _____ Student Phone: _____ (if L6 or higher)

Parent/Guardian

Last Name: _____ First Name: _____
Street Address (if different than the student's address): _____
City, State, Zip: _____
Parent/Guardian Email: _____
Parent/Guardian Phone: _____

(Optional) Parent/Guardian #2 Last Name: _____ First Name: _____
Street Address (if different than the student's address): _____
City, State, Zip: _____
Parent/Guardian Email: _____
Parent/Guardian Phone: _____

Medical Information Medical Conditions that we should know about: _____

Allergies: _____

Ballet Training Most Recent Dance School Attended: _____
Years of Ballet Training: _____
Years on Pointe (if applicable): _____

Payment Information:

An annual enrollment fee of \$25 and this completed form are required before enrollment is considered complete. Tuition varies based on the level of the class and the hours of training per week. Please see the website for tuition amounts. For credit card payments please contact the CBA office at 303.500.3226. Please indicate your preferred payment option (select one only):

- ☐ Payment in full at the time of enrollment
- ☐ Monthly payment by check, due on the first of each month;
- ☐ Automatic payment via credit card on the first of each month.

Please tell us how you learned about Classical Ballet Academy. You may check more than one box:

- ☐ The student enrolling previously studied with Elizabeth Shpiatsky
- ☐ Word of mouth/personal recommended. Whom can we thank? _____
- ☐ Poster or flier. Where did you see it? _____
- ☐ Advertisement. Where did you see it? _____
- ☐ I attended one of your performances. Which one? _____
- ☐ Other. Please explain: _____

Non-Discrimination Policy and Waivers: CBA accepts students without regard to race, sex, religion, national origin or disability. CBA reserves the right to cancel or reschedule any classes not meeting minimum enrollment requirements. Students will be notified of any cancelled or rescheduled classes. Registered student and family agree to abide by all CBA policies, including payment policies, as set forth in the Student Handbook, available of the CBA website or in the CBA office. CBA assumes no responsibility for any accident or injury to the student in any CBA class, function or event. Registered student also consents to the use of photographic and video images for publicity purposes. All registered students must have a medical release form and health insurance card on file.

Parent/Guardian Signature (e-signature acceptable): _____ Date: _____

For CBA office use only:

Level/Class Assignment: _____ Tuition: _____

Sibling Discount Monthly fee (after sibling discount, if applicable): _____

☐ Registration fee paid ☐ If Automatic Payment selected, authorization form is received