One form per student, please For Office Use Only: $\Box E \Box P \Box L$

Student Information:						
Are You a Returning Student?	Yes / No					
Today's Date:			Student Id: _			(leave blank if unknown)
First Name:		Last Name:				
Date of Birth:	Age:		Contact E-M	ail (required): _		
Address:			City:		State:	Zip:
			Student Cell Phone:			
How Did You Hear About us (ci	rcle one)? Em	ail Friend	Facebook	Flyer Promo	Performance	Other
Family and Emergency C	Contact Infor	mation:				
Parent/Guardian 1's First Name: La			st:	0	Contact Phone: _	
Parent/Guardian 2's First Name: L		La	st:	Contact Phone:		
Student Profile: If the student	ent asks, is it oka	y to administer	circle one)?	Ibuprofen	Tylenol	Advil None
Please list any relevant allergies	(environmental,	food, or drug)	:			
When did you start dancing with	the Academy?	New Student 2	2013 2012	2011 2010	2009 200	8 Prior to 2008
I w	ish to registe	r for: Sumn	ner Session:	June 3 – July	y 27, 2013	
Class Dr	op In (\$15)	Class Punch	Card (\$57)	Full Tuition	Monthly Tuition	l
1st Class		Day(S):		Time	:	Tuition:
2 nd Class:		Day(S):		Time	::	Tuition:
3 rd Class:		Day(S):		Time:		Tuition:
4 th Class:		Day(S):		Time	.	Tuition:
(Registration Fee is required for all	students – but is w	vaived for camps	, registrations pa	id in full, or return	ing spring 2013 st	udents)
					+ \$15 Re	gistration Fee: \$ 15.00
Coupon#	Coupon Com	pany/Terms:				= Total: \$

Waiver: Academy classes are open to all students meeting minimum age requirements. The Academy accepts students without regard to race, sex, religion, national origin or disability. The Academy 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) agrees to abide by all Academy policies as set forth in the Academy Policies, available online at www.coloradoballet.org or through the Academy Office. Colorado Ballet Academy assumes no responsibility for any accident or injury to the student in any Academy or Colorado Ballet function or event. Registered student also consents to the use of photographic or video graphic images for Colorado Ballet publicity purposes. Summer Refund Policy: Registration fees are non-refundable. 100% tuition reimbursement will only be processed before the first week of classes. Special cases and approved refunds will receive 50% tuition reimbursement will be processed between the first week and the fourth week of the semester. Any withdrawal after the first month of the semester is not subject to a refund. All refunds and credits will take up to 3-5 weeks of processing time and will not be issued without a signed Drop/Add form. Camps without appropriate enrollment will be cancelled prior to the first day of camp and will be given 100% reimbursement in tuition and fees. Registration fees, punch cards, gift cards, and worn merchandise are nonrefundable. Accounts withdrawing after the start of the semester, with previously waived registration fees, may incur a registration fee. If refunds are needed, check and credit card payments refunds may be issued back in the original form of payment. There will be a \$25 withdrawal fee issued to those withdrawing after the start of the classes or camp.

Student Name (please print):

Student Name (picase print).							
Student/Guardian Signature:	Date: Signature required for registration – Agreeing to waiver, refund policy, and spring showcase requirement.						
		PAYMENT INFORMATIO yable to: Colorado Ballet Academy	N				
Summer payments are to be paid with pe	in full by the beginning of the ending balances after the 2nd	he semester, monthly tuition is not o d week of classes will incur a \$35 late	ffered for the 8-week semester. Students e payment fee.				
Please circle one:							
Charge Card Below and Keep on File	Charge Credit Card Below	Enclosed is a check or cash for \$	(or) Payment To Come				
I wish to sign-up for a		nent tuition program with my debit o-Pay Date: Friday, June 7, 2013	/credit card YES / NO				
Credit Car	d Information for both A	Auto-Pay and Non-Auto-Pay Tu	uition Payments:				
Charge credit card for \$		Charge my card on or after th	nis date:				
Card Number:		Expiration:	CV2:(3 or 4 digit code)				
Name Appears on Card:		Street Address + Zip	(If different than above)				
Signature:		Date:	(II different than above)				