

REGISTRATION FORM

Referred by: (optional)

Student's name:

Age:

Birthdate:

Parent's name:

Address:

City:

State:

Zip:

Phone (main):

(emergency):

Email address:

If tuition will be paid by a third party, please enter the payer's name here so we will know to credit it to your account:

POLICIES:

Classes: All class placements are at the sole discretion of the faculty. Classes with insufficient enrollment may be cancelled or consolidated. **Exams, recitals and other activities may involve additional fees and costs.**

Withdrawals and makeups: Tuition is refundable *only* if a student must withdraw for medical reasons (verification from a doctor may be required) or if the family moves out of the area. For other absences, the student may attend a different class as a makeup *with teacher approval*. Makeup classes must be completed **within the current term**.

Weather: In case of bad weather, the Academy will close if schools in the OPS district are closed. For Saturday class closings, call the Academy to check. Makeup classes will be scheduled for weather cancellations.

DISCOUNT PROGRAMS

Referrals: Receive a **\$20 credit** for recommending the Academy when a *new student* you've referred completes a full term of classes. Ask the new student to include your name in the "Referred by" box of his/her enrollment form.

Multiple classes: Save when you take more classes per week (applies to classes of 1 hour or more only)

2 classes per wk	\$30 discount
3 classes per wk	\$45 discount
4 classes per wk	\$60 discount
5 classes per wk	\$75 discount
6 classes per wk	\$90 discount

Families may combine enrollments of *immediate family members* to maximize the discount. Submit all registrations together; deduct the discount from *any one student's* tuition. Unlimited and master classes do not apply toward the discount.

Tuition questions: The Academy knows that certain family circumstances require special tuition payment arrangements. Please contact one of the directors (Patti Zukaitis, Sheila Nelson, or Penny Michonski) for a confidential discussion about your needs.

OFFICE USE ONLY:

Payment date: _____

Amount: _____

Check #: _____

Receipt #: _____

CLASS REGISTRATION

- Beginner
- New student with previous training – please attend the placement audition on Aug. 27, or contact the directors.
- Returning student

Classes and class numbers for which you are registering (if attending placement audition, leave this space blank):

PAYMENT *(payment must accompany the registration form)*

I understand that the tuition for this registration is \$_____ per 8-week term, and I agree to pay the amount in full in accordance with the policies printed in this brochure:

- Full payment for term enclosed.
- I intend to buy a class card (please fill out the registration form so we will have your contact information.)
- I intend to pay by the single class (please fill out the registration form so we will have your contact information.)

SIGNATURE *(parent, or student if over 18)*

Work-study: A limited number of partial work-study scholarships will be available to students willing to assist with light maintenance and with preparations for the recital. To be considered for a work-study scholarship, registration form and \$15 registration fee must be submitted by **August 27**.

- Please consider this student for a work-study scholarship.

ABOUT OUR SCHOLARSHIP FUND

The Omaha Academy of Ballet is a nonprofit educational organization. **Contributions to our Scholarship Fund are always much appreciated and are tax-deductible to the full extent provided by law.**