Alabama River Region Ballet

School Registration 2022-2023

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Tuition shall be paid monthly on or before the 10th of each month (Late Fee of \$10 due if paid after the 10th) Tuition is due regardless of attendance. If a child has missed a class due to illness, make-up classes are encouraged. Check with office for day & time. You may not skip a month of dance and then start back with classes and payments without notifying the office first. If not notified in advance, you will be responsible for paying tuition for the missed month. Recital Fees: \$130 for first student & \$110 for each additional student in family. Recital Fee includes one costume. There					
will be a \$50 fee for each additional co 4 Recital Fee is due with measurements be permitted to participate in recital if a 5 ALL TUITION AND FEES ARE No	January 9th-14 measurements	t th , 2023. A \$10 late fee s and payments have n	e will be charged after	this date. Students will not	
6 All accounts must be paid in full in or	der for your ch		nnual performances.		
7\$35.00 will be charged on all returned8 Notification of withdrawal must be su		iting to office (not tea	cher) before the 1st of	the month	
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I initialed each item of the terms of registration to show child(ren)s class(es) and accept responsibility to pay. I utgiven permission for Alabama River Region Ballet to to or any Alabama River Region Ballet faculty member of Alabama River Region Ballet. I exempt and release A action whatsoever from any damage, loss or injury to the connection with participation in any Alabama River Region Ballet.	nderstand that m ake and publish p r employee liable llabama River Ro e student, parent,	ny child(ren) will he partice photos of me or my child. for any injury sustained o egion Ballet and its agents guardian, family member	ipating in an active progra I agree that I will not hold or illness contracted while, 1 s from any and all liability	m and accept the risks. I have Alabama River Region Ballet or my child, is a student at claims, demands or causes of	
Signature of Parent/Guardian:	t/Guardian: Date:				
		TRATION FORM			
Registration Fee of Student's Name:		first child and \$25 for	each additional child		
Date of Birth:			Age:C	Grade:	
Student's Academic School:			_		
Mother's Name:	ther's Name: Cell:				
Father's Name:	ame: Cell:				
Home Phone: *We communicate via email for payments due, responsibility to regularly check our board in the Address:	closings, upco ne lobby for an	oming events, etc. Plea		email, otherwise, it is your	
City:		State:	Zij	p:	
Mother's Employer:	r: Work Phone:				
Father's Employer:	ather's Employer: Work Phone:				
Emergency Contact:	R	Relation:	Phone:		
CLASS	LEVEL	DAY(S)	TIME(S)	TUITION (per month)	

TOTAL TUITION (per month): _