

FRCBA Registration Form

Student Name _____ Date of Registration _____

Full Address _____

Preferred Pronouns _____ Age at Registration _____ Date of Birth _____

Parent Name(s) (if student under age 18) _____

Best email address for communication _____

Best phone # _____ Additional Phone # _____

Please describe your previous dance experience:

Ballet:

Years Training _____ Schools of Training _____

Most influential teachers _____

Pointe? Yes / No Professional ballet experience? Yes / No If "Yes", where? _____

Other forms of dance training - Please list along with # years _____

Do you have any particular goals for your ballet training? Please describe: _____

Please indicate below the classes (days, times, levels) for which you are registering:

Are there any health conditions your teacher should be aware of? _____

How did you hear about FRCBA? _____



FRCBA Student Payment Information

Student Name _____ Date of Registration _____

Person(s) responsible for payment _____

Please choose the appropriate option(s) below that apply and enter all relevant information:

(Note that students age 3-17 must choose the monthly tuition plan or may attend classes at the drop-in rate for special circumstances; Monthly tuition students are expected to commit to the full semester or season – depending upon level)

Student Level or Classes: _____

_____ Monthly Tuition Plan _____ # Hours/week \$ _____/month

_____ Hour card (For students ages 18+ who have unpredictable/variable schedules and cannot commit to specific classes to attend each week) **Hour cards are good for 6 months past the date of first use.**

_____ Monthly Tuition Plan + Hour card (For students ages 18+ who expect to be regular attendees in certain classes each week, but would like to have the option of attending additional classes when opportunity arises; Please check mark both above options and fill out the requested information for the monthly tuition plan.)

If you are eligible for a tuition discount, please indicate this below:

_____ Family discount (10% off for 2nd and additional family members of equal or lower monthly tuition)

_____ Partial Scholarship - amount awarded \$ _____ by FRCBA Director on date _____

_____ Work/Study – amount awarded \$ _____ for _____ hours work/month for the following services:

_____ – agreed to by FRCBA Director and Student/Parent named above on date _____

Tuition is due by the 1st of each month or the beginning of use of a new hour card; \$15 late fee will apply if not received by 5th of each month or if an hour card has accumulated 3+ hours of use prior to payment.

Payment Methods Accepted: (Please checkmark which you plan to use)

_____ Cash

_____ Check or Money Order

_____ Credit Card or Paypal through the frcballet.com website (\$5 service fee is added on)

_____ I understand that if I am on the semester or monthly tuition plan, I have the option of making up missed classes and that these missed classes must be made up within one month of the missed class or I forfeit those missed classes. My tuition will not be pro-rated for missed classes. In cases of severe or lengthy illness or injury, upon timely discussion with the FRCBA Director, I may be granted additional time to complete my make-up lessons. As a monthly tuition student, I understand that I am committing to be a student for the full semester or season of registration (as required by my level) unless I have made prior arrangements with the Director due to special circumstances.

Signature of Student or Parent (if student under age 18) _____

Printed Name _____ Date Signed _____



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