

Manassas Ballet Academy

2023-2024 REGISTRATION

OFFICE USE ONLY Years at MBA _____ Professional Division: Y / N Current Ballet Level: _____ Years en pointe: _____

Student Name: _____ Age: _____ Registration Date: _____

Address: _____ DOB: _____ Tee Shirt Size (YS-AXL): _____

City, State, Zip: _____ Emergency Contact Name: _____

Home Phone: _____ Emergency Contact Phone: _____

Mother's Name: _____ Academic School Attends: _____

Mother's Email: _____ Previous Training: Yes or No (circle one) How Long: _____

Mother's Cell: _____ Previous Studio: _____

Mother's Work: _____ Style of Dance: _____

Father's Name: _____ How did you hear about us? _____

Father's Email: _____ Student's Email: _____

Father's Cell: _____ Student's Cell: _____

Father's Work: _____

CLASSES

Class	Level	Day(s) [M, T, W, R, F, S] & Time(s)
Adult Ballet	N/A	
Adult Conditioning	N/A	
Ballet	I II III IV V VI VII VIII IX X	
Boys	N/A	
Character	I II III	
Lyrical	N/A	
*Manassas Youth Ballet	N/A	
Modern	I II III	
Musical Theater	I II III	
*Pas de Deux	N/A	
Pilates	N/A	
Pre-Ballet	I II III IV V VI	
Pre-Dance	N/A	
Progressive Ballet Technique (PBT)	N/A	
Stretch & Strength	N/A	
Tap	I II III	
Variations	I II III	
**Yoga	N/A	

*by invitation only
 **required for 12:00pm Sat. ballet class

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2023-2024 FALL REGISTRATION

FEES:

	Amount Due	Total Amount Due	Date Paid	Payment Method <small>(Cash Receipt #, Check #, Credit Card)</small>
Registration Fee:	\$50			

TUITION:

Month	Amount	Balance Forward	Total Due	Amount Paid	Date Paid	Method <small>(Cash Receipt #, Check # or Credit Card)</small>
September						
October						
November						
December						
January						
February						
March						
April						
May						
June						

ACH Direct Debit or Monthly Credit Card Charge: Debit: _____ Credit: _____ Bank Draft: _____ Cash: _____

Expiration Date: _____	Code: _____	Start Date: 10/1
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- Tuition is an annual amount.*** If paid in one annual payment, receive a 10% discount. If paid in 2 bi-annual payments, receive 5% discount or pay 10 equals payments September – June. **Please Initial: _____**
- Tuition is automatically deducted from your account on the 1st of each month.*** **Please initial: _____**
- Any and all changes to enrollment MUST be provided in writing, to the front office, 30 days prior to the effective date.*** **Please Initial: _____**
- Tuition will NOT be adjusted for missed classes.*** **Please Initial: _____**
- Missed Classes:*** Missed classes must be made up within two weeks of the absence. Students may participate in any class at or below their level for the make-up. **Please Initial: _____**
- Recital Fees are due by February 14th.*** Recital Fees are based on your child's ballet level. **Please Initial: _____**
- All tuition, registration and recital fees are NON-REFUNDABLE.*** **Please Initial: _____**
- Consistent attendance and effort is the key to improvement.*** Students must attend class regularly or they may be placed in a lower level class. ***Absences need to be reported to the front office as soon as possible.*** **Please Initial: _____**
- As recital approaches all students must remain in the class(es) to which they are registered.*** Missing classes may result in the student being dropped from that recital dance. ***Fees will NOT be refunded.*** **Please Initial: _____**
- Students need to be picked up promptly after class.*** A late pickup fee of \$25.00 will be charged per time, with the next month's tuition if parent pick up is later than 10 minutes after class. **Please Initial: _____**
- I consent to the use of my student's name and picture for MBA/MBT advertising, marketing, promotional and general distribution material.*** **Please Initial: _____**
- Please list any health conditions of your student*** _____

I acknowledge that it is my responsibility to read and understand these rules and regulations and the tuition information. It is also my responsibility to read and explain the rules and regulations to my child/children. I understand and acknowledge that the Director and/or the instructors of the Manassas Ballet Academy may remove my child/children from class for not meeting and/or following these rules and regulations.

I agree to indemnify and hold harmless Manassas Ballet Academy, its ownership, servants, agents, employees and officers, against all claims and actions which might result from personal injuries or damages, known or unknown, sustained by the aforementioned participant due to such participation. In case of accident or serious illness I request you to notify the emergency contact listed on the registration form. If personnel are unable to make contact, I hereby authorize Manassas Ballet Academy personnel to contact a physician or hospital for medical services and treatment. It is understood and agreed that I will assume responsibility for payment of any rendered medical services and treatment.

Parent Printed Name: _____	Parent Signature: _____
Date: _____	Reviewed by: _____