



Spring 2012 Academy Registration

For Returning Fall 2011 Students

Return in person, email, or by fax to Colorado Ballet Academy with tuition due.

For Office Use Only: E P L

Which Academy are you registering for: **Central** or **South**

First Name: _____

Last Name: _____

Today's Date: _____

Is your contact info the same? **Y / N** Student ID# _____

Section 1: If your contact info is the same, please skip to Section 2. | Order # (for office use) _____

Date of Birth: _____ Age: _____

Contact E-Mail (required): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Student Cell Phone: _____

Parent/Guardian 1's First Name: _____ Last: _____ Contact Phone: _____

Parent/Guardian 2's First Name: _____ Last: _____ Contact Phone: _____

Section 2: I wish to register for: Spring Session: Jan. 9 – May 13, 2012

Please circle one: **Keep my spring classes the same as fall** or **change my schedule to the following:**

Class: _____ Day(S): _____ Time: _____ Tuition: _____

Class: _____ Day(S): _____ Time: _____ Tuition: _____

Class: _____ Day(S): _____ Time: _____ Tuition: _____

(Registration fee waived for returning fall 2011 students, tuitions paid in full, and/or students enrolled in auto-pay payments)

+ Registration: \$ 25.00

= 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 students (and families) agree to abide by all Academy policies as set forth in the Student Policies, available online at www.coloradoballet.org or through the Academy Office. The Academy of Colorado Ballet 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.

Student/Parent Signature: _____ Date: _____

Required for registration

Make Checks Payable to: Colorado Ballet Academy

I wish to sign-up and/or continue for (monthly) Auto-pay..... **Y/N**

Payment By: _____ Enclosed is a **check/cash** for \$ _____ or **Charge Card on File**

Or, **charge my credit card** for \$ _____ Card Number: _____ Expiration: _____ CV2: _____
3 or 4 digit code

Name Appears on Card: _____ Street Address + Zip _____
(If different than above)

Signature: _____ Date: _____

Refund Policy: 100% tuition reimbursement will only be processed before the first week of classes beginning, January 9th, 2012. 50% tuition reimbursement will be processed between January 9th and February 10th, 2012. Any withdrawal after February 10th, 2012 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. 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. Refunds may be issued back in the form of cash, check, credit, academy credit, or trade. There will be a \$25 withdrawal fee issued to those withdrawing after the start of the classes or camp.

COLORADO BALLET CENTRAL ACADEMY
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COLORADO BALLET SOUTH ACADEMY
8230 South Colorado Blvd., Suite B, Centennial, CO 80122
(p) 303-221-1722