

CASTON'S BALLET ACADEMIE REGISTRATION FORM

Student

Last Name: _____ First: _____
Address: _____ City: _____
State: _____ ZIP: _____
Home Phone _____ Work _____ Cell: _____
e-mail _____
School: _____ Year in School _____
Date of Birth _____
Dance/ Gymnastic/ Athletic
Experience: _____
Activities: _____

* IF MORE PLEASE ATTACH EXTRA PAPER

Parent/ Guardian

1) Last Name: _____ First: _____
Home Phone: _____ Work: _____ Cell: _____
e-mail: _____
2) Last Name: _____ First: _____
Home Phone: _____ Work: _____ Cell: _____
In Case of an Emergency contact: _____
Phone # _____

I understand that tuition is payable in advance. Students may take class only if tuition is current. Tuition will apply to the month/semester in which it is paid, that although the student is entitled to make-up classes within the month (at or below their usual level class) there are NO REFUNDS except for a properly documented extended illness or moving out of St. Louis. No credits will be given for classes missed. Tuition is due the 1st of each month or by session. I understand that the student whose name appears on this registration is enrolling in Caston's Ballet Academie for the Month or Semester. All students pay a registration fee due with the first payment. I also understand that a late fee of \$25.00 will be charged for tuition not paid in full, over seven days late, or a bounced check. I understand that above the beginner level instructors place the students as they see fit to assure the most positive success possible. Poor behavior is not tolerated and if asked to leave the student will not be re-imbursed for the unused classes. Waiver of Liability: I understand, agree that I will not hold Caston's Ballet Academie or any Faculty member liable for any injury sustained or illness contracted by me or my children while a student at Caston's Ballet Academie.

Parent/Guardian signature

Date

AVOID LATE FEES --BILL REMINDER PLAN: \$5 per Month/ \$5 per Semester

YES / NO Bill Reminder plan.
IF YES please check: e-mail address _____ or Postage address _____

CLASSES AT CASTON'S BALLET ACADEMIE **Circle : ENRICHMENT / PRE-PROFESSIONAL**
Circle if a member of: Ballet Club, Junior Associate, Junior Company, Trainee, Apprentice, Company

<u>CLASS</u>	<u>DAY</u>	<u>TIME</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF MORE CLASSES - PLEASE ATTACH EXTRA PAPER

If Interested in performing please circle those desired below:
NUTCRACKER PERFORMANCE DECEMBER ***CASTON'S CONCERT*** JUNE

If interested in volunteering/ or Parent Volunteer Committee
Please attach Volunteer Form. Circle: YES/NO

Print Form, complete and mail to:
Caston's Ballet Academie
Suite #101 8175 Big Bend
Webster MO 63119
314-968-6850 castonballet.com