

Ballet Academy Ventura

2750 E. Main Street, Ventura, CA

2009-2010

Name of Student:		E-mail Address:	
Parent's Name		Birthday:	
Home Phone #		Cell Phone #	
Work/emergency #		Cell Phone #	
Address/ City/ Zip:			
How did you hear about us: News article ____ Yellow pages ____ Friend ____ Online advertising____ Drove by studio ____ Web page ____ Performance ____ Other ____ Parent occupation or area of special interest: _____			
Date of Registration:		Date of placement class, if given:	
Level:	Class days/times:		
Registration fee:	Tuition:	Prorated tuition:	
Automatic Payment Consent form			
I hereby authorize Ballet Academy Ventura to charge my account of \$ _____ on the 5th Day of each month starting _____.			
I understand a minimum of 2 months tuition will be charged upon registration.			
Additional charges to be charged to AutoPay at registration. \$ _____ on _____ Registration fee / \$ _____ on _____ for _____.			
I understand that I must give one month's notice from the first day of the month to discontinue these charges.			
Signature of responsible billing person:			
For Office Use Only:			
# of classes:	Hours/week:		