

SCHOOL OF CONTINENTAL BALLET COMPANY

Bloomington Center for the Arts | 1800 W Old Shakopee Road | Bloomington, MN 55431
 Phone #: 952-563-8562 / Email: cbcinfo@continentalballet.com
 www.continentalballet.com



CBC STUDENT REGISTRATION FORM

Open Enrollment for Classes running September 2019- June 2020. Students are encouraged to begin classes in September.

Student 1 _____ Age _____ Date of Birth _____ Currently in Grade _____
 (if under 18)

Student 2 _____ Age _____ Date of Birth _____ Currently in Grade _____

Address _____ City/State/Zip _____

Emergency Contact Information

Parent/ Guardian 1 _____

Phone (Home &/or Cell) _____ Email _____

Parent/ Guardian 2 _____

Phone (Home &/or Cell) _____ Email _____

How did you first hear about our studio/company (✓/ X) ? ___Flyer ___Saw a Performance ___Internet

___Another Student: _____ ___ Other (specify): _____ ___Returning Student

Please CIRCLE the class(es) below that you are registering for
Young Students may register accordingly for their current school grade (class/level).

NOTE: SCHEDULE MAY BE SUBJECT TO CHANGE AT ANYTIME.

PRE-BALLET	BALLET 1	BALLET 2	BALLET 3	BALLET 4T	BALLET 4P	BALLET 5	MEN'S CLASS
Pre-K	1st Grade	2nd Grade	3rd Grade	4th Grade & up	(Pointe)		
1 class weekly	1 class weekly	1 class weekly	1 class weekly	Placement Class	4 classes weekly	4 classes weekly	1 class weekly
\$45 monthly	\$45 monthly	\$45 monthly	\$55 monthly	Recommended	\$150 monthly	\$150 monthly	\$45 monthly
			2 classes weekly	AUG 15 at 6 PM			
			\$110 monthly	3 classes weekly			
				\$135 monthly			

<u>REGISTRATION FEE PER FAMILY</u>	<u>TUITION</u>
\$15 Standard / \$10 Bloomington Residents <i>Due with first tuition payment</i>	The same flat rate is due the first week of each month. Cash, credit cards, or checks made payable to <i>Continental Ballet Company</i> are accepted.

I have received and understand the Student Agreement for the 2019-2020 studio season

Parent/ Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: Form Received on _____ *PD Reg. Fee: Yes/No *PD 1st month's tuition: Yes/No

Method: CHK# / CASH / CC

Date PD: _____ Total PD: _____