Pennsylvania Classical Ballet Academy Petite Feet Dance Academy

Founding / Executive Director- Dana Nederostek Artistic Director- Amber Aufiero

1716 Washington Ave.
Northampton, PA 18067
www.paclassicalballetacademy.com
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Registration Form Sep 2023 - June 2024

Student Information							
Name:			Birth Date:	Age:			
Email:							
School:			Grade Level:				
Previous Dance Training:			School:	Years:			
Disabilities:							
Allergies/Medications:							
		Family In	formation				
Contact #1	Name: Relation to Student:						
Address:							
Home Phone: Cell Phone:			Work Phone:				
Email:							
Contact #2	ontact #2 Name: Relation to Student:						
Address:							
Home Phone	2 :	Cell Phone:		Work Phone:			
Health Insurance Carrier:							
	Class Tuition/	Payment Inforn	nation (you will be b	illed separately)			
Class:		•					
Hours per Week:							
•							
Pay Plan: (please circle)							
1. Plan A = Payment in full for the entire school year with a 5% discount							
(Excludes the unlimited class plan. These prices have already been discounted as the best deal. Get 14							
hours of classes for the price of 9 hours!) (Preferred cash or check)							
2. Plan $B = 9$ installments (Due the 1st of each month, 1st installment due with							
registration) (preferred bill pay)							
3. Plan C= 2 installments (Due: with registration & $1/1/24$) (preferred cash or check)							

Payment methods accepted: Bill Pay through bank, Cash, or Check							
Tuition: I understand tuition is non-refundable. No cancellations or withdrawals after Oct. 1st or 2 weeks after 1st class. For withdrawals after that time period, the year's tuition will still be due. I HAVE READ THE ABOVE AND AGREE (please initial)							
Release of Liability: I understand and agree that I will not hold Pennsylvania Classical Ballet Academy, Ms. Dana Nederostek owner, or any faculty member liable for any injury sustained or any illness contracted by me or my children while a student enrolled at Pennsylvania Classical Ballet Academy. I HAVE READ THE ABOVE AND AGREE (please initial)							
Medical Emergencies: I have provided all medical information on this registration form. I have provided emergency contact phone numbers for Pennsylvania Classical Ballet Academy to call if there is an emergency. I HAVE READ THE ABOVE AND AGREE (please initial)							
School Policy Handbook: My child(ren) and I have read over the School Policy Handbook and will apply all policies to the best of our ability. I understand all policies written in the Policy Handbook including: Attendance, Tuition, Parking, Placement, Dress Code, etc.							
I HAVE READ THE ABOVE AND AGREE (please initial)							
Release of Image: I understand PCBA has the right to use their students' images for publicity material, etc. Includes photos, videos, advertisements, fundraisers etc.							
I HAVE READ THE ABOVE AND AGREE (please initial)							
For Our Information							
How Did You Hear About Us?							
How Did Tou Heat About Os:							
Other interests from PCBA:							
Performance (please circle): Yes No Competition: Yes No Master Classes: Yes No							
Other:							
Registration Fee: \$25.00 non-refundable							
Classes are subject to change or cancellation							
Instructions: Return this form along with the registration fee (\$25.00) and first tuition							
installment. If you have any questions filling this form out you can find information in the PCBA							
handbook, on our website at www.paclassicalballetacademy.com, email							
artisticdirector@paclassicalballetacademy.com, or call / text us at 267-664-5725 and we would be							
happy to help. Thank you and we look forward to starting the school year together!							
Your Signature: Date:							