SCHEDULE & TUITION

Class		Day(s)	Time	Monthly	Teacher
Creative	(3+)	Monday	6:30-7:00	$30	Sarah
Creative Dance & Play (3+)		Thursday (9/9)	10:30-11:30	$45	Edith
Primary 2	(6+)	Monday	5:30-6:30	$47	Edith
Primary 2		Tuesday	5:00-6:00	$47	Edith
Primary 2		Friday	5:30-6:30	$47	Edith
Primary Ensemble		Saturday	11:00-12:00	$47	Edith
Ballet 1A	(8+)	Tuesday	6:00-7:00	$47	Edith
Ballet 1B		Wed & Fri	5:30-6:30	$94	Sarah
Jazz 1		Friday	4:50-5:20	$30	Edith
Ballet Ensemble		Saturday	10:00-11:00	$47	Edith
Ballet 3	(10+)	Monday	5:00-6:30	$51	Sarah
Ballet 3		Wednesday	4:30-5:45	$49	Edith
Ballet 3		Friday	6:30-8:00	$51	Sarah
Jazz 3		Monday	6:30-7:15	$40	Edith
Modern 3		Wednesday	5:45-7:00	$49	Joan
IBT		Saturday	9:00-11:00	$67	Sarah
IBT Rehearsal		Saturday	11:00-1:00	$47	Sarah
Ballet 4/5	(12+)	Tuesday	5:30-7:15	$62	Sarah
Ballet 4/5		Friday	6:30-8:00	$51	Sarah
Jazz 4/5		Tuesday	7:15-8:15	$47	Edith
Modern 4/5		Wednesday	5:45-7:00	$49	Joan
IBT		Saturday	9:00-11:00	$67	Sarah
IBT Rehearsal		Saturday	11:00-1:00	$47	Sarah
Conditioning		Monday	4:30-5:00	$30	Sarah
6 Week Ballet Fundamentals		Saturday	9:00-10:00	$75	Edith
Adult Ballet		Monday	7:15-8:35	$51	Eloy
Adult Ballet		Wednesday	7:00-8:30	$51	Edith
Adult Ballet		Thursday	7:30-8:30	$47	Sarah
Adult Ballet		Saturday	12:15-1:45	$51	Edith
Jazz Fundamentals		Monday	6:30-7:15	$40	Edith
Intermediate Jazz		Tuesday	7:15-8:15	$47	Edith
Modern Fundamentals		Wednesday	5:45-7:00	$49	Joan
6 Week HIP HOP Classes (9/9-10/17, 10/20-12/5, 1/19-2/27, 3/2-4/24)					
		Wednesday	6:30-7:30	$50	Madison
		Thursday	5:30-6:30	$50	Madison
		Saturday	1:00-2:00	$50	Rob
		Sunday	3:30-5:30	$100	Rob
UNLIMITED 6 Weeks of HIP HOP>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>				$200!	

Classes Meet 40 Times this year. August 19-June 4, 2011

10% Discount for families with 2 or more children enrolled.

CBI reserves the right to make adjustments to this schedule as necessary.

2010/11 REGISTRATION FORM

Student's Name_____ Birth Date_____ Age_____

Mother & Father/Guardian's Name_____

Address_____

City_____ State_____ Zip_____

Home Phone #_____ Mother's Cell #_____ Father's Cell#_____

E-mail Addresses_____

Academic School_____ Grade_____

I AM ENROLLING IN THE FOLLOWING CLASSES:

CLASS_____ DAY(S)_____TUITION_____

CLASS_____ DAY(S)_____ TUITION_____

CLASS_____ DAY(S)_____ TUITION_____

CLASS_____ DAY(S)_____ TUITION_____

CLASS_____ DAY(S)_____ TUITION_____

CLASS_____ DAY(S)_____ TUITION_____

TUITION (non-refundable)
Students may choose between annual, semi-annual and monthly payments. Please choose the payment plan you wish to use.

	Annual Tuition	Semi-Annual Tuition	Monthly Tuition	Dance Card
Tuition	$_____	$_____	$_____	$_____
Administrative Fees	$0.00	$5.00	$5.00	$0.00
Pay By Check	$0.00	$0.00	Check or Debit $5.00	$0.00
Total	Annual Payment Due: (Multiply Tuition by 10) $_____	Semi-Annual Payment Due: (Multiply Tuition by 5) $_____	Monthly Payment Due: $_____	Dance Card Payment Due: $_____

PAYMENT METHOD:

CASH
CHECK (Checks made payable to: City Ballet of Iowa)
AUTOMATIC BANK (DEBIT) WITHDRAWAL (Form available at CBI)

Payment Agreement: *I accept the terms of enrollment as stated for the upcoming school year in the School Policies and Procedures listed at cityballetofiowa.com. I understand that my obligation to pay tuition, administrative and other school related fees is unconditional and that no portion of such fees paid will be refunded or cancelled in the event of absence, relocation, or dismissal from the School. There are no tuition credits. The student will not be registered or allowed to begin classes until this agreement is signed and submitted and tuition has been paid. A student will not be allowed to participate in classes on the Monday following a missed payment. If a payment is missed, a late fee will be charged after the 5th of each month. The student may resume classes as soon as the balance is paid. A written notice must be submitted to the School Director 30 days in advance of withdrawal from the program. Tuition fees will be charged on the first of the month prior to the date of withdrawal.*

Signature (required): X_____

Mandatory Waiver: *I give permission for photos of my-self/my child to be used in promotional materials for City Ballet of Iowa.*

Signature (required): X _____

Mandatory Waiver: *I recognize that my or my child's attendance and participation may expose him/her to risk of injury or harm. I accept this risk and agree that City Ballet of Iowa and its staff will not be held responsible should such injury or harm occur. Further, I understand and accept that in order to be taught effectively, the training may involve the use of touch as a necessary tool for correct placement, lines and positions.* **Signature (required): X** _____

TUITION $_____
(Should correspond with total from above)

Family Discount -10% $_____

7% Iowa City Sales Tax $_____

FEES (non-refundable)

Registration Fee $_25_

Winter Performance $50 $____

Spring Performance $50 $____

ABT Fees (classes & exam)$____
See Page 9 of Brochure for Details

TOTAL ENCLOSED $_____

Mail or Bring to:
City Ballet of Iowa
700 South Dubuque Street
Iowa City, IA 52240