

Academy Registration *Please print*

A. Name _____ Age _____ Date _____
 Address _____ e-mail _____
 City _____ State _____ Zip _____
 Phone: Home _____ Cell Phone _____ Work _____
 Emergency contact _____ Phone _____, _____

B. (if student is 18 years or younger, complete section B)

Mother's name _____ Home phone _____ Cell _____
 Father's name _____ Home phone _____ Cell _____

C. Insurance

Every student is responsible for his/ her own insurance. Phyllis Papa, Atlantic City Ballet, The Atlantic Contemporary Ballet Theatre, its faculty members and instructors, will not be held responsible for any accident or injury incurred on the ACBT premises, or at practices/ performances held at non ACBT studios, or theaters.

Insurance Company _____ Policy holders name _____
 Policy # _____ Group # _____
 Please list any health problems _____

D. I have read the ACBT Policy and understand its contents.

Parent's signature _____ Date _____
 Student's signature _____ Date _____

E. Class schedule (write additional classes on reverse)

	<i>yearly</i>	
Class _____	day & time _____	Fee _____
Class _____	day & time _____	Fee _____
Class _____	day & time _____	Fee _____
Class _____	day & time _____	Fee _____
		Total _____

F. Payment schedule: (please check)

regular tuition: _____ 1 installment _____ *3 installments **(tuition fees in excess of \$408 (e.g., 2 or more 60 min. classes or any 1, 75 or 90 min. class) may pay in 3 installments due 9/10, 11/30, 1/31)*

Unlimited: _____ 1 installment, _____ *3 installments, _____ ** monthly

**(unlimited students may pay in 3 installments or monthly installments, due the 1st of the month)*

installment amt	
Registration fee: \$ 30 (due at registration)	\$30
Total	

- How did you here about ACBT? Newspaper, phone book, friend, other _____
 -If you are interested in volunteering, please list activities you are interested in helping with.
 marketing, preparing mailings, entering data, other _____

For office use:

amt paid _____	Date _____	Method of payment _____	staff initials _____
amt paid _____	Date _____	Method of payment _____	staff initials _____
amt paid _____	Date _____	Method of payment _____	staff initials _____