

SESSION I, II, and III REGISTRATION FORM FOR ACADEMY OF BALLET  
2022-2023 DANCE SEASON

Sessions are for ages 2 ½ - 3 and 3-4 years ONLY

Academy of Ballet 6470 Spalding Dr., Suite E Peachtree Corners GA 30092 [www.academy-ballet.com](http://www.academy-ballet.com)

Twitter @Academy-Ballet, Instagram @Academy-Ballet, Facebook: Facebook.com/aobpc

Email: [misscathy350@gmail.com](mailto:misscathy350@gmail.com) 770-242-6379 personal cell: 404-754-4412 text or leave message

Parent / Guardian \_\_\_\_\_

Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Requested Class: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_

NOTE: Classes sessions and rates are ONLY for 2 ½-3 and 3-4 years of age. Demonstrations are held on the last day of each session in the Academy of Ballet dance studio. Scheduled classes and teachers are provisional and subject to change. Academy of Ballet reserves the right to change the class or the teacher at any time during the session. Classes must have at least six students to be confirmed.

**2 ½-3 Yrs (45-minute class)**

**Session I \$186.00**

**Session II \$186.00**

**Session III \$85.00**

**1x registration fee of \$ 70.00**

Saturday 9:30-10:15 am Pre-Ballet / Creative Movement

**2.5-4 years (1-hour class)**

**Session I \$231.00**

**Session II \$231.00**

**Session III \$106.00**

**and registration fee 1x \$ 70.00**

Saturday 10:15-11:15 am Ballet / Acro

Dress code: Girls Pink Leotard, Pink Tights (convertible), Pink Ballet Slippers Boys-white t-shirt, black ballet slippers, Black tights, shorts, or leggings

(Dance Supplies visit Dance Fashions Warehouse Sandy Springs or Dance Fashions Superstore Roswell.

\*\* Start dates are subject to change \*\*

**Session I...12 Weeks**

Sat Sept 3-November 19

**Session II...12 Weeks**

Sat. Jan 7-March 25

**Session III...5 Weeks**

Sat April 15-May 6

**2022-2023**

**Sessions and 1x fees Payment Authorization Form**

**Academy of Ballet** 6470 Spalding Drive Suite E Peachtree Corners, Georgia 30092

Phone Number: 404-754-4412 cell or 770-242-6379 [aob.billing@gmail.com](mailto:aob.billing@gmail.com)

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express. Just complete and sign this form to get started!

**Session payments and or 1 time Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges
- 

Here's How Session and 1 time Payments Work:

- You authorize scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated on registration form/Trial Class form or one time fee of any kind. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I \_\_\_\_\_ authorize Academy of Ballet, Inc. to charge my credit card for the registration fee 1x per year. 1x fee for each Session, and or 1 time payments at the time of registration, and or 1x payments when they are due.

Billing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

**Choose one of the ways to pay:**

**1). Checking Account**

Name on Acct \_\_\_\_\_

Bank Name Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_

**OR**

**2). Savings Account # \_\_\_\_\_**

**OR**

**3). Credit Card**

Visa MasterCard Amex

Cardholder Name \_\_\_\_\_ Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV (3 digit number on back of card) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Academy of Ballet, Inc. in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. **Withdrawals after March 31st will be subject to full month tuition for both April and May.**

For WAVE debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of a WAVE Transaction being rejected for Non Sufficient Funds (NSF) I understand that Academy of Ballet may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of WAVE transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Initial \_\_\_\_\_

