



1124 Corporate Drive • Holland, Ohio 43528 • 419 861-0895  
 website: www.ballettheatreoftoledo.org • email: info@ballettheatreoftoledo.org

**Pre-Fall Classes – 2015**  
**JULY 27<sup>th</sup> – August 27<sup>th</sup> (5 weeks)**

**\*\*\*\*\*Class placement for Pre-Fall is the same as Fall 2015\*\*\*\*\***

Monday 5:00-6:15 Advanced & above **5:00-5:30 Creative Mvmt\*** 5:00-6:15 Inter 2  
 6:15-7:15 Adv pointe & above **5:30-6:15 Prep & Prim 1\*** 6:15-7:15 Elem 2 & Inter 1  
 7:15-8:15 Adult Int/Advanced **6:15-7:15 Primary 2\***

\*These classes begin August 10<sup>th</sup> – August 24<sup>th</sup> (3 weeks—fee \$45)

Tuesday 10:00-11:00am Adult Inter  
 4:15-5:00 Boys 4:15-5:15 Elem 1 & Beginner (8-12yrs old)  
 5:00-6:15 Comp & Jr. Comp (tech) 5:15-6:15 Inter 2 & Advanced  
 6:15-7:15 Company pointe 6:15-7:15 Jr. Company Pointe

Wednesday CLOSED

Thursday 4:15- 5:15 Elem 2 & Inter 1  
 5:15-6:30 Comp & Jr. Comp (tech) 5:15-6:15 Inter 2 & Advanced  
 6:30-7:15 Company Pointe 6:15-7:15 Advanced & Jr. Comp Pointe  
 7:15-8:15 Adult Beginner/Intermediate

<b><u>Registration &amp; Tuition due July 20<sup>th</sup></u></b>	
One class per week	\$78
Two classes per week	\$150
Three classes per week	\$218
Four classes per week	\$280
Five classes per week	\$325
Six classes per week	\$390
<i>Drop-in rate</i>	<i>\$17 per class</i>
<i>Private class</i>	<i>\$50 per hour</i>
<b>Family Discount:</b> 15% per additional student. The discount applies to the lesser tuition rate	
Boy's scholarship rates apply for Pre-Fall classes if they participated in productions.	

**Basic Policies**

***Students must be registered for Technique classes to register for Pointe.***

***Classes may be cancelled or combined based on enrollment.***

**Dress Code:** Same as Fall and Spring. Consult with office or staff personnel

**Make-ups:** All missed classes must be made up within the same semester. If there has been serious illness or injury, please contact the office about carrying classes into the next semester/session.

**Late arrivals:** Any student arriving 10 minutes after class has begun may be asked to sit and observe. The risk of injury increases significantly when early warm-up exercises have been missed.

**Refunds:** None.

**Placement:** BTT faculty determines class placement levels for all students

***Fall semester begins August 31<sup>st</sup>***



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**2015 Summer and Pre-Fall Registration**

**Student Information**

Name \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Family email address \_\_\_\_\_

**Parent Information**

Parent #1 \_\_\_\_\_ Home/Cell phone \_\_\_\_\_  
 Parent #2 \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

**Select one:**

\_\_\_\_\_ Summer Classes June 8<sup>th</sup> -July 23rd      \_\_\_\_\_ Pre-Fall Classes July 27<sup>th</sup> —August 27<sup>th</sup>

**Classes**

Level \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_  
 Level \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_  
 Level \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_  
 Level \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_  
 Level \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_  
 Level \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

Method of payment: cash \_\_\_\_\_ check \_\_\_\_\_ credit card \_\_\_\_\_  
 We accept the following credit cards: Visa, Mastercard and Discover.  
 Name on the card \_\_\_\_\_ Credit Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Verification Number \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Please read the following:** I am aware that ballet dancing, stretching and other activities associated with your participation, places unusual stress on the body and carry with it the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that the **Ballet Theatre of Toledo**, its Board of Trustees, the faculty, volunteers, and any of the chaperones and agents of the **Ballet Theatre of Toledo** shall not be liable in any way and released for any injuries sustained during attendance at the school or any of its related functions for any act which might constitute a claim for negligence. I further understand that my child, at all times, is responsible for his/her personal belongings and I accept full responsibility for loss of personal items whether lost, damaged or stolen.

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_