



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

13th Year Anniversary Season

2018 Spring semester- January 29th -June 9th

Required minimums are established to assist students in developing the strength and confidence necessary to achieve the technical requirements for each level.

Creative Movement (3 1/2 + by Sept 1, 2017)

Tuesday 5:00-5:30

Preparatory (Kindergarten)

Monday 5:00-5:45

Tuesday 5:30-6:15

Primary 1 (First Grade)

Tuesday 6:30-7:15

Primary 2 (Second Grade)

Monday 5:45-6:45

Elementary 1 (Third Grade)

Strongly Recommend 2 classes per week

Monday 6:15-7:15

Tuesday 5:30-6:30

Elementary 2 (Placement)

Strongly Recommend 2 classes per week

Tuesday 6:30-7:30

Friday 4:30-5:30

Intermediate 1 (Placement)

2 classes per week-Required minimum

Monday 5:00-6:00

Tuesday 4:15-5:15

Friday 5:30-6:30

Intermediate 2 (Placement)

2 classes per week-Required minimum

Monday 6:00-7:15

Friday 5:15-6:30

Saturday 10:00-11:15

Advanced (Placement)

2 classes per week-Required minimum

Wednesday 5:00-6:15

Thursday 5:15-6:30

Saturday 10:00-11:15

Company & Pre- Company (Placement)

4 classes per week -Required minimum

Tuesday & Thursday 5:15-6:30 (tech) **Company mandatory**

Tuesday & Thursday 6:30-7:15 (pointe) **Company mandatory**

Wednesday 6:15-7:15 (Female variations) **Company optional**

Tuesday & Thursday 5:15-6:30 (tech) **Pre-company**

Wednesday 5:00-6:15 (tech) **Pre-company**

Tuesday 4:15-5:15 (pointe) **Pre-company**

Thursday 6:30-7:30 (pointe) **Pre-company**

Pointe 1 (Placement)

2 flat classes per week- Required minimum

Monday 5:00-6:00

Saturday 11:15-12:15

Pointe 2 (Placement)

2 flat classes per week- Required minimum

2 pointe classes per week-Required minimum

Wednesday 6:15-7:15

Thursday 4:15-5:15

Saturday 11:15-12:15

Adults/Teens

Monday & Wednesday 7:15-8:15pm (Intermediate)

Tuesday 10:00-11:00am (Intermediate)

Thursday 7:15-8:15 (Beginner, Intermediate)

Boys (Director recommendation)

Friday 4:30-5:15

January 29th – June 9th

<u>Classes per week</u>	<u>Rate for the 18 week semester</u>	<u>Rate per installment –only available by credit card</u>
*One	\$ 290	N/A
Two	\$ 560	\$ 290.00 (January 15 th , March 12 th)
Three	\$ 810	\$ 415.00 (January 15 th , March 12 th)
Four	\$ 900	\$ 460.00 (January 15 th , March 12 th)
Five	\$ 960	\$ 490.00 (January 15 th , March 12 th)
Six or more (unlimited)	\$ 990	\$ 505.00 (January 15 th , March 12 th)
Drop in class	\$17	

***Creative Movement: \$145 per 9-week session (Jan 29th –March 31st and April 9th –June 9th)**

(Note: Parent/Guardian for Creative Movement students must remain in the building during class.)

Annual Registration Fee: \$35 per student - Fee is waived with a current BTT membership.

***Both installment payments will be charged in full, even if the student decides to quit.**

Family Discount: 15% per additional student. The discount applies to the lesser tuition rate.

Tuition is due: January 15, 2018 (Cash, Check, MC, VISA, or DISCOVER)

Checks made payable: Ballet Theatre of Toledo

LATE FEE PENALTY: Accounts past due will be assessed a 1.5% monthly penalty (18% per year)

STUDENTS MAY REGISTER ONLY IF THEIR ACCOUNT BALANCE IS CURRENT

Note: If a class has low enrollment, we reserve the right to cancel or combine the class.

Scheduled Closures: These classes do NOT need to be made up

-Spring Break: March 31st-April 8th

Additional Closure: These classes should be made up

- Jungle Book rehearsal/show: March 14th -16th

- Memorial Day: May 26th -28th

Mandatory Dress Code

(Note: Dancers not in the appropriate dress code will be asked to sit and observe class.)

Creative Movement: Plain Lt. Blue leotard, pink tights with feet, pink ballet slippers. **NO skirts, t-shirts, sweats, shorts or leg warmers.** Hair should be pulled away from the face and off the neck. Long hair should be secured in a bun. Please have your teacher check your ballet slippers for a proper fit.

Preparatory: Plain lavender leotard, pink tights with feet, pink ballet slippers. **NO skirts, t-shirts, sweats, shorts or leg warmers.** Hair should be pulled away from the face and off the neck. Long hair should be secured in a bun. Please have your teacher check your ballet slippers for a proper fit.

Primary 1&2: Plain light pink leotard, pink tights with feet, pink ballet slippers. **NO skirts, t-shirts, sweats, shorts or leg warmers.** Hair should be pulled away from the face and off the neck. Long hair should be secured in a bun. Please have your teacher check your ballet slippers for a proper fit.

Girls/Ladies: Solid color leotard, (Elementary 1 in BLACK), pink tights with feet, pink ballet slippers.

NO skirts, t-shirts, sweats, shorts or leg warmers except for adult students. Hair should be pulled away from the face and neck and secured tightly to the head in a bun. No ponytails. Please have your teacher check your ballet slippers for a proper fit. Beginning pointe students MUST have their shoes approved before ribbons are sewn. Large dangle earrings or chunky jewelry are not permitted.

Boys/Men: Solid white T-shirt, black tights or shorts, black or white ballet shoes. All males, 10 and older must wear a dance belt.

Basic Policies

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. Credit will be issued for the following semester for serious illness or injury. A doctor's note must be provided.

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

Bad Weather: Check BTT's Facebook page and local TV stations for cancellation information. Decisions for afternoon classes are made after the noon news and weather forecast.



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**Current Student Registration Form
Spring 2018**

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 _____

Classes

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

***Note: Classes are filled on a first come, first serve basis.**

Emergency Contact Information

Emergency Contact Person _____ Phone # _____

Emergency Contact Person _____ Phone # _____

For office use only:	Installments:
____ QB ____ EM	____ January 15th
____ DM ____ B	____ March 12 th
	____ Paid in full

Tuition Calculations

Full Tuition Amount Or * Installment Amount _____

*Second installment will automatically be charged to your credit card on March 12th

Family Discount (15% per additional student; applies to lesser tuition rate) _____

**Annual Registration Fee \$35 (fee is waived with a current BTT membership) _____

Or **Membership Amount (tax deductible donation)----- _____

Coppelia (\$50-\$149) ____ Giselle (\$150-\$249) ____ Cinderella (\$250-\$499) ____

Sleeping Beauty (\$500-\$999) ____ Swan Lake (\$1000-\$2499) ____ Nutcracker (\$2500 & up) ____

How would you like your name to appear in the program?

**If Due

Total Due----- \$ _____

Method of payment: cash _____ check _____ credit card _____

We accept the following credit cards: Visa, Mastercard and Discover. If paying by credit card, please provide the following information.

Name on the card _____ Credit Card # _____

Expiration Date _____ Verification Number _____

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** _____

I, _____, give my permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like (the "Publicity Materials"), taken or made on behalf of Ballet Theatre of Toledo, Inc. ("BTT"). I agree that BTT has complete ownership of the Publicity Materials, including the entire copyright, and may use them for any purpose consistent with BTT's mission. These uses include, but are not limited to, illustrations, bulletins, exhibitions, film, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materialism any medium now known or later developed, including the use of the Publicity Materials on the internet. I acknowledge that I will not receive any compensation for the use of the Publicity Materials and hereby release BTT and its members, trustees, directors, officers, employees, agents and assigns from any and all claims which arise out of or are in any way connected with such use. I have read and understood this consent and release.

Parent / Legal Guardian (if under age 18) signature _____ **Date** _____



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BALLET THEATRE OF TOLEDO

*Registration Form New Students
2017-2018 School Year*

Student Information

Name _____ Date of Birth/Age _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Name of local newspaper _____

Family email address _____

How did you hear about us? _____

May we add your information to an "in-studio" directory for BTT families? _____

Parent Information

Parent #1 _____ Home/Cell phone _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Employer _____

Work phone # _____

Parent #2 _____ Home/Cell phone _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Employer _____

Work phone # _____

Classes (Note: Classes are filled on a first come, first serve basis.)

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Emergency Contact Information

Emergency Contact Person _____ Phone # _____

Emergency Contact Person _____ Phone # _____

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Sleeping Beauty (\$500-\$999) ____ Swan Lake (\$1000-\$2499) ____ Nutcracker (\$2500 & up) ____

How would you like your name to appear in the program?
_____**Total Due**----- **\$** _____

Method of payment: cash _____ check _____ credit card _____

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Parent or Guardian signature _____ **Date** _____

I, _____, give my permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like (the "Publicity Materials"), taken or made on behalf of Ballet Theatre of Toledo, Inc. ("BTT"). I agree that BTT has complete ownership of the Publicity Materials, including the entire copyright, and may use them for any purpose consistent with BTT's mission. These uses include, but are not limited to, illustrations, bulletins, exhibitions, film, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materialism any medium now known or later developed, including the use of the Publicity Materials on the internet. I acknowledge that I will not receive any compensation for the use of the Publicity Materials and hereby release BTT and its members, trustees, directors, officers, employees, agents and assigns from any and all claims which arise out of or are in any way connected with such use. I have read and understood this consent and release.

Parent / Legal Guardian (if under age 18) signature _____ **Date** _____**For office use only:**____ QB ____ EM
____ DM ____ B ____ MCInstallments: _____ January 15th
_____ March 12th
_____ Paid in Full