1124 Corporate Drive • Holland, Ohio 43528 • 419 861-0895

 $website: www.ballettheatreoftoledo.org ~\bullet ~email: info@ballettheatreoftoledo.org$ 

**5:00-6:00** Elementary

## Summer Classes – 2023 May 15<sup>th</sup> – June 30<sup>th</sup> (7 weeks) Updated 4/6/23

#### Monday\*\*

**5:00-6:00** Advanced & above **4:30-5:15** Primary 1 **5:00-6:00** Intermediate **6:00-7:00** Pointe 2 & above\* **5:30-6:00** Creative Mvmt **6:00-7:00** Pointe 1\*

7:15-8:15 Adult Intermediate 6:15-7:00 Preparatory

#### <u>Tuesday</u>

**5:00-6:00** Advanced & above

**6:00-7:00** Pointe 2 & above\*

# Wednesday

**5:00-6:00** Intermediate & Advanced **5:00-6:00** Comp/Pre-Comp Variations

**6:00-7:00** Pas de deux\* **6:00-7:00** Pointe 1 (must attend 5:00 tech class)

\*You must have attended the technique class, be registered for another pointe class, and have Mr B's approval for Pas de deux

#### Thursday

**5:15-6:00** Preparatory

6:00-7:00 Elementary 6:00-6:45 Primary 2 6:00-7:00 Advanced & above 7:15-8:15 Adult Intermediate 7:00-8:00 Pointe 2 & above\*

\*You must have attended the technique class

### Registration & Tuition due May 1st

One class per week	\$119
Two classes per week	\$234
Three classes per week	\$351
Four classes per week	\$462
Five or more class per week	\$560

If you are registered for Mondays, <u>deduct \$17 per class for Memorial Day closure</u>, or schedule a make-up class.

**Family Discount**: 15% per additional student. The discount applies to the lesser tuition rate Boy's scholarship rates apply for summer classes if they participated in productions.

#### **Basic Policies**

- Students must be registered for Technique class to attend Pointe.
- Level placement remains the same as Spring semester.
- Classes may be cancelled or combined based on enrollment. You must be current with tuition.
- <u>Dress Code:</u> Same as Spring. Consult with office or staff personnel.
- Make-ups: All missed classes must be made up within the same session and scheduled in advance.
- NO DROP-INS. If there has been serious illness or injury, please contact the director.
- Placement: BTT faculty determines class placement levels for all students
- NO REFUNDS

<sup>\*</sup>You must have attended the technique class \*\*Closed Memorial Day, May 29th

<sup>\*</sup>You must have attended the technique class



whether lost, damaged or stolen.

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Summer 1 Registration: **DEADLINE: May 1st** 

May 15 -June 30, 2023

e-mail registrations to: info@ballettheatreoftoledo.org or drop-off

# Student Information Name \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_ \_\_\_\_\_\_ 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 \_\_\_\_\_ Method of payment: check \_\_\_\_\_ cash \_\_\_\_ credit card We accept the following credit cards: Visa, Mastercard and Discover. *Name on the card* \_\_\_\_\_ *Credit Card* # \_\_\_\_\_ Expiration Date \_\_\_\_\_\_Verification Number \_\_\_\_\_ Credit card on file \_\_\_\_\_\_ Deduct \$17 per class for Monday, Memorial Day closure 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

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