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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name |  | | | | | | Student DOB | | |  | | |
| Home Address: | Street | |  |  | | | | | | | | |
|  | City | |  |  | | TX | Zip Code | | |  | | |
|  |  | | |  | |  |  | | |  | | |
| Mother’s name |  | | | | | Father’s name |  | | | | | |
| Primary Phone |  | | | | | Primary Phone |  | | | | | |
| Other |  | | | | | Other |  | | | | | |
| Email |  | | | | | Email |  | | | | | |
|  |  | | |  | |  |  | | |  | | |
| Emergency Contact (other than parents) | | | | | | Person Financially Responsible | | | | | | |
| Name |  | | | | | Name |  | | | | | |
| Primary Phone |  | | | | | Primary Phone |  | | | | | |
| Other |  | | | | | Other |  | | | | | |
|  |  | | |  | |  |  | | |  | | |
| Please enroll Student in the following classes: | | | | | | | | | | | | |
| Class Name | | | | |  | Day | |  | Time | |  | |
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| I have read or received the Austin City Ballet Performing Arts Conservatory’s Policies and Requirements. | | | | | | | | | | | | |
|  | |  | |  | |  |  | | |  | | |
| Signature | |  | | | | | Date | | |  | | |
|  | |  | |  | |  |  | | |  | | |
|  | | Enclosed is my full tuition payment for the full year and registration fee.  If paid by July 15, 2016 a 5% discount will be applied. | | | | | | | | | | |
|  | |
|  | |  | |  | |  |  | | |  | | |
|  | | Enclosed is my half year tuition payment and registration fee. | | | | | | | | | | |
|  | |  | |  | |  |  | | |  | | |
|  | | Enclosed are my 1st (August) and 10th (May) payments for tuition plus registration fee. | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| We accept personal checks (made payable to Austin City Ballet), cash, M/C, Visa, Discover, American Express and PayPal. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Please enroll me in tuition auto-pay. Payments will be run on the due date or the first business day | | | | | | | | | | | | |
| after the due date (if on a weekend or holiday.) | | | | | | | | | | | | |
|  |  | | |  | |  |  | | |  | | |
| Charge my second half year payment on December 1, 2016. | | | | | | | $ | | | Initial | |  |
|  | | | | | | |  | | |  | |  |
| Charge eight payments on the first of each month 9/2016 – 4/2017 | | | | | | | $ | | | Initial | |  |
|  |  | | |  | |  |  | | |  | | |
| Card Holders Name | | | |  | | | | | | | | |
| Credit Card Number | | | |  | | | | | | | | |
|  | Exp. Date | | |  | | 3 digit code |  | | |  | | |
|  |  | | |  | |  |  | | |  | | |
| Signature of Card Holder | | | |  | | | | | | | | |