

Pennsylvania Classical Ballet Academy & Petite Feet Dance Academy

Artistic Director: Dana Nederostek
1716 Washington Ave.
Northampton, PA 18067
(610)440-0958
www.paclassicalballetacademy.com

Registration Form 2024/2025

Student Information		
Name:	Birth Date:	Age:
Email:		
School:	Grade Level:	
Previous Dance Training:	School:	Years:
Disabilities:		
Allergies/Medications:		
Family Information		
Contact #1 Name:	Relation to Student:	
Address:		
Home Phone:	Cell Phone:	Work Phone:
Email:		
Contact #2 Name:	Relation to Student:	
Address:		
Home Phone:	Cell Phone:	Work Phone:
Health Insurance Carrier:		
Class Tuition/Payment Information (you will be billed separately)		
Class:		
Hours per Week:		
Pay Plan: (please circle)		
1. Plan A = 9 installments (Due the 1 st of each month, 1st installment due with registration)		
2.. Plan B = 2 installments (Due: with registration & 1/4/25)		
3. Plan C = Payment in full for the entire school year with a 5% discount		
Payment methods accepted: bill pay through bank, cash, or check		

Tuition: I understand tuition is non-refundable. No cancellations or withdrawals after Oct. 1st or 2 weeks after 1st class. For withdrawals after that time period, the year's tuition will still be due.

I HAVE READ THE ABOVE AND AGREE (please initial)

Release of Liability: I understand and agree that I will not hold Pennsylvania Classical Ballet Academy, Ms. Dana Nederostek owner and director, or any faculty member liable for any injury sustained or any illness contracted by me or my children while a student enrolled at Pennsylvania Classical Ballet Academy.

I HAVE READ THE ABOVE AND AGREE (please initial)

Medical Emergencies: I have provided all medical information on this registration form. I have provided emergency contact phone numbers for Pennsylvania Classical Ballet Academy to call if there is an emergency.

I HAVE READ THE ABOVE AND AGREE (please initial)

School Policy Handbook: My child(ren) and I have read over the School Policy Handbook and will apply all policies to the best of our ability. I understand all policies written in the Policy Handbook including: Attendance, Tuition, Parking, Placement, Dress Code, etc.

I HAVE READ THE ABOVE AND AGREE (please initial)

Release of Image: I understand PCBA has the right to use their students' images for publicity material, etc. Includes photos, videos, advertisements, fundraisers etc.

I HAVE READ THE ABOVE AND AGREE (please initial)

For Our Information

How Did you Hear About Us?

Other interests from PCBA:

Performance (please circle): Yes No **Competition:** Yes No **Master Classes:** Yes No

Other:

Registration Fee: \$25 non-refundable

Classes are subject to change or cancellation

Instructions: Return this form along with the registration fee and first tuition installment. If you have any questions filling out this form, you can find information in the PCBA handbook, on our website at www.paclassicalballetacademy.com, call us at 610-440-0958 or email us, paclassicalballetacademy@gmail.com, and we would be happy to help. Thank you and we look forward to starting the school year together!

Your Signature: _____ Date: _____