

2025-2026 Registration Form

Student Name:				Age:	
Birthdate:/ School:			(Grade:	
Phone: En	nail:				
Allergies and/or Medical Conditions?					
Parent/Guardian Name (Primary):			Phone:		
Email:		*Will be opted	in for tex	ts and emails.	
Parent/Guardian Name (Secondary):			Phone:		
Email:		Text Opt In:	Y/N	Email Opt In:	Y/N
Street Address:					
City:					
Emergency Contact: Name:			Phone:		
How did you hear about us (Referral Sou	ırce)?:				

2025-2026 Tuition

Payments

Our tuition is calculated by season. Each season is 34 weeks. We offer annual, bi-annual, and monthly payment options to cover the 34 weeks.

- Annual payment discount is 10% and payment is due by 7/15.
- Bi-Annual payment discount is 5% and payments are due 7/15 and 1/15.
- *Monthly payments require a checking account or credit card on file to be drafted on the 15th of the month (Aug-May). Your first month's payment is due at registration.

^{*}Monthly payment option splits your annual tuition amount into 10 monthly payments. We draft each month consecutively. Due to our Nutcracker performance, we do not dance a whole month in December. Payment will be drafted on 12/15 as we pull each month's payment to account for the 34 week season.

Tuition Schedule

Total Class Hours (*round up)	Annual Payment Option (-10%)	Bi-Annual Payment Option (-5%)	Monthly Payment Option (auto draft)
45 Min	650	325	65
1	750	375	75
1.5	1300	650	130
2	1400	700	140
3	1600	800	160
4	2000	1000	200
5	2300	1150	230
6	2800	1400	280
7	3000	1500	300
Unlimited	3300	1650	330

^{*}If in between class hour totals, round up to the next hour.

Discounts

- Sibling discount is 20% off lesser tuition
- Male dancers discount is 50% off tuition
- Active Military and First Responder discount is 10% off tuition (ID required)

Registration Fees (non-refundable)

New Students: \$35.00Returning Students: \$20.00

• Families: \$40.00

Please complete the below portion based on your preferred payment plan and discount options.

Payment Plan: (circle one)					
Annual	Bi-annual	Monthly			
Discounts: (circle if applicable)					
Sibling	Male Dancer	Military			
Total Class Ho	ours: Regis	tration Fee:	Tuition Payment Amt: _		
To be completed by office staff: Amount Paid: Date:					

Waiver & Release 2025-2026 Season

Participation and Media	
In consideration of	<i>(participant name)</i> being
permitted to participate in classes, workshops, off site even	, , , , ,
below, I release The Children's Ballet Theatre, LLC. from a	
loss and damage, on account of any injury or loss suffered	• • •
agree that this release is intended to be as broad and inclus State of Tennessee, and that if any portion is held invalid, th	•
legal effect. I give permission for the use of my child's image	
advertising used by The Children's Ballet Theatre, LLC.	
Initial Here:	
Medical Authorization	
	4:-:
Permission is hereby granted to transport above named par case of emergency due to illness or injury when unable to lo	•
case of emergency due to limess of injury when driable to it	ocate pareninguardian.
Initial Here:	
Class Attendance	
90% of classes need to be attended for proper and adequat	•
dancer, it is vital that you make sure all classes are attended exercises are completed. This partnership plays a key role i	
exercises are completed. This partite ship plays a key fole i	ii your dancer's progress.
Initial Here:	
Parent/Guardian Signature	Date