ELAN ACADEMY OF CLASSICAL BALLET FALL REGISTRATION 2025/2026

Dancer Name	D	D.O.B	
PARENT/ GUARDIAN	PH	PHONE	
Address			
EMAIL		EMERGENCY	
CONTACT			
PLEASE LIST ANY ALL	ERGIES OR SPECIAL MEDI	CAL CONDITIONS:	

MONTHLY SCHEDULE SEPTEMBER 3RD, 2025 - June 2026

MONDAY:

BALLET II/III: 5:00-6:00* BALLET II/III 6:00-7:15*

MUSICAL THEATRE DANCE 7:15-8:15*

TUESDAY:

BALLET II: 5:00-6:00* BALLET III: 6:00-7:30* BALLET IV/V: 7:30-9:00

WEDNESDAY:

BALLET IV: 6:00-7:30

POINTE/VARIATIONS: 7:30-8:30

THURSDAY:

BALLET III/IV: 6:00-7:30 POINTE III/IV: 7:30-8:30

FRIDAY:

CREATIVE DANCE/PRE-BALLET: 10:00-10:45 (AGES 3-4)

BALLET III: 5:30-7:00*

PRE-POINTE & POINTE I/II: 7:00-8:00

SATURDAY:

PRE-BALLET: 9:00-10:00* BALLET 1: 10:00-11:00*

BALLET II & II/III: 11:00-12:15*

EBT: 12:30 -5:00

*CLASSES WITH A * SYMBOL ARE PERFORMANCE CLASSES, AND PIECES WILL BE TAUGHT AT THE END OF CLASS. DANCERS AT THE BALLET III LEVEL AND HIGHER MUST TAKE AT LEAST TWO CLASSES PER WEEK. POINTE IS BY INVITATION ONLY AND REQUIRES A MINIMUM OF TWO TECHNIQUE CLASSES PER WEEK IN ADDITION TO POINTE CLASS

**EBT (ELAN BALLET THEATRE) IS OPEN TO STUDENTS BALLET III AND HIGHER.

STUDENTS MUST BE TAKING A MINIMUM OF 2 BALLET TECHNIQUE CLASSES PER WEEK

AND MUST REGULARLY ATTEND ALL CLASSES AND EBT REHEARSALS. STUDENTS WHO ARE PART OF EBT DO NOT PAY FOR THEIR EBT COSTUMES, AS THEIR EBT FEE GOES DIRECTLY TO PRODUCTION EXPENSE, AND EBT COSTUMES ARE THE PROPERTY OF EBT. SPECIFIC WEEKLY REHEARSAL SCHEDULES WILL BE EMAILED, BUT EXPECT TO REHEARSE AT ANY TIME DURING THE 12:30-5:00 TIME FRAME. LEAD PARTNERING ROLES MAY REQUIRE EXTRA REHEARSAL SUBJECT TO SCHEDULE OF HIRED PROFESSIONAL. ADDITIONAL REHEARSALS ON SUNDAYS WILL BE OFFERED AND SCHEDULED ON AN AVAILABILITY BASIS.

YEARLY ANNUAL REGISTRATION FEE IS \$20 FAMILY REGISTRATION FEE (2+) IS \$35

TUITION:

POINTE PREP: \$20 PER MONTH

1/2 HOUR CLASS = \$29 PER MONTH

3/4 HOUR CLASS = \$49 PER MONTH

1 HOUR CLASS = \$59 PER MONTH

1 1/4 HOUR CLASS = \$69 PER MONTH

1 1/2 HOUR CLASS = \$79 PER MONTH

TUITION WORKSHEET:

1ST CLASS (LONGEST CLASS) \$	
2ND CLASS (NEXT LONGEST) \$	_ _ x.95 =
3RD CLASS (NEXT LONGEST) \$	x .92 =
4TH CLASS (NEXT LONGEST) \$	_x.90=
5TH CLASS (NEXT LONGEST) \$	_x.90 =
6TH CLASS (NEXT LONGEST) \$	_x.90 =
7th Class (Next Longest) \$	_x.90 =
8TH CLASS (NEXT LONGEST) \$	_x.90 =
9TH CLASS (NEXT LONGEST) \$	_x.90 =
10th Class (NEXT LONGEST)\$	x.90 =
EBT (Non-Discountable) \$ 75.00	
TOTAL MONTHLY TUITION	
REGISTRATION FEE:	

TUITION IS BROKEN OUT IN 10 EQUAL MONTHLY INSTALLMENTS, SEPTEMBER THROUGH JUNE. TUITION IS DUE BY THE 1ST OF THE MONTH AND IS PAYABLE BY CASH, CHECK, OR CREDIT CARD. IF YOU WOULD LIKE YOUR CARD CHARGED MONTHLY THROUGH TDBANK, PLEASE PROVIDE THE REQUIRED INFORMATION BELOW: (WE ACCEPT VISA, MASTERCARD, AND DISCOVER)

CARD NUMBER	EXP.DATE:
SIGNATURE	
DATE:	

PRODUCTION FEES/COSTUME FEES ARE CHARGED SEPARATELY. FOR STUDENTS NOT IN EBT THERE IS A \$50 PRODUCTION FEE FOR CLARA DREAMS, AND A COSTUME FEE FOR THE SPRING PERFORMANCE, TYPICALLY \$55-\$70 (SPRING PERFORMANCE COSTUMES ARE THEIRS TO KEEP). CLARA DREAMS FEES WILL BE DUE BY SEPTEMBER 30TH, 2025, SPRING COSTUME FEES WILL BE DUE JANUARY 1ST, 2026.

WAIVER & CONSENT AGREEMENT: I AM FULLY AWARE OF THE RISK INHERENT AND HEREBY GIVE MY CONSENT OF THE ABOVE NAMED APPLICANT TO PARTICIPATE IN THE PROGRAM(S) OFFERED BY ELAN ACADEMY OF CLASSICAL BALLET, AND AGREE TO HOLD NAMELESS THE OWNER, INSTRUCTORS, AND VOLUNTEERS FROM ANY LIABILITY FROM ANY INJURY, CLAIMS, COSTS OR LOSS FROM SERVICES WHICH MIGHT BE

INCURRED BY PARTICIPATION IN SAID PROGRAMS, ACTIVITIES, OR EVENTS.

PERMISSION IS HEREBY GRANTED FOR MY CHILD/PARTICIPANT TO RECEIVE EMERGENCY TREATMENT IF NEEDED, AND I AUTHORIZE THE ATTENDING PHYSICIAN TO ADMINISTER ANY NECESSARY MEDICAL ATTENTION. FURTHERMORE, I CERTIFY THAT MY CHILD/PARTICIPANT IS IN EXCELLENT HEALTH AND THAT THERE ARE NO LIMITATIONS TO HIS/HER PARTICIPATION EXCEPT AS STATED IN WRITING ABOVE. I HEREBY CONSENT AND AUTHORIZE ELAN ACADEMY OF CLASSICAL BALLET THE RIGHT TO PUBLISH, REPRODUCE, AND USE FOR ADVERTISING OR ANY OTHER PURPOSE, ANY PHOTOGRAPH, VIDEO IMAGE, AUDIO RECORDING, OR OTHER LIKENESS OF MY CHILD OR FAMILY MEMBER. I HAVE READ THIS DOCUMENT CAREFULLY, AND SIGN IT VOLUNTARILY WILL FULL KNOWLEDGE OF ITS SIGNIFICANCE.

SIGNATURE OF PARENT/GUARDIAN (IF STUDENT IS UNDER 18):	
	DATE:
SIGNATURE OF PARTICIPANT (IF OVER 18)	
	DATE: