



COLTON BALLET SCHOOL OF AUGUSTA

Tuition Rates 2022–23

Primary Division

Creative Movement I & II

Offered once a week for a monthly tuition of \$65.
The registration fee is \$65.

Pre-Ballet I & II

Offered once a week for a monthly tuition of \$70.
The registration fee is \$70.

Elementary Division

Grades I, II, III & Advanced Grade III

Students are required to take at least two classes per week. The registration fee is \$105.

Hours per Week	Monthly Tuition
2	\$105
3	\$120
4	\$130

Advanced Division

Grades IV & V

Students are encouraged to study daily. The registration fee is \$125.

Hours per Week	Monthly Tuition
3	\$145
4	\$155
5	\$165
7	\$185
9	\$200

To Enroll

We will not have any in-house open registration. New students please register by phone or appointment (706-733-5511).

Re- turning students, please fill in the Tuition Contract and Registration Card on the following pages and leave them with your payment in the mail slot at the back door of the main building.

Class sizes will be limited and will be closed when the maximum enrollment is reached. However, we are looking into the possibility of adding new classes if the need arises. Call to check on the availability within the schedule.

Instructions and enrollment forms are also available on the web site: <http://www.coltonballetschool.com/tuition-and-enrollment.html>.

Policies

Tuition is due by the 1st of each month. A \$10 late fee will be added after the 5th of that month and each succeeding month until payment is made in full. If the school is closed, you may either leave it in the mail slot at the back door of the main building or mail it to:

Colton Ballet School
PO Box 3348
Augusta, GA 30914-3348

As per the tuition contract, any failure to pay tuition or late fees by the 5th may result in the student not being admitted to his/her class.

Registration fees are non-refundable. The fee for returned checks is \$15.



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Tuition Payment Contract 2022–23

This contract serves as a binding agreement between the Colton Ballet School and

_____ for the 2020-2021 season.
(Parent’s Name or Your Name if you are an adult student)

I do hereby agree to pay the monthly tuition of \$ _____ on the first of every month. I understand that I may not change in any way the amount of the tuition owed for any given month regardless of the number of classes taken in that month. I understand that any failure to pay said tuition amount before the 5th of each month may result in my child not being admitted to his/her class or Nutcracker rehearsal. **If I find that my child is unable to continue classes for any reason, I understand that I must give 1 (one) month’s notice in writing to the office and that I am responsible for the next month’s tuition as well.**

Please describe any medical conditions the school should be aware of:

Please list any regularly-taken medications:

Student’s Name

Parent or Guardian

Date



COLTON BALLET SCHOOL OF AUGUSTA

Colton Ballet School Photo and Video Release Form

At times during the year Colton Ballet School may take photographs or videos of your child's class that may be used in printed or video advertising, publications, social media, and/or videos to be shared with other parents of the class.

By agreeing to allow your child to be photographed or videoed for these purposes, you understand that Colton Ballet School will retain ownership of all photos and videos and no financial compensation will be made to you for their use.

Please initial:

_____ I agree to allow Colton Ballet School to _____ photograph or _____ video my child for use in printed or video advertising, publications, social media, and/or videos to be shared with other parents of the class.

_____ I do not agree to allow Colton Ballet School to _____ photograph or _____ video my child for use in printed or video advertising, publications, social media, and/or videos to be shared with other parents of the class.

_____ Child's Name _____ Age _____ Class

_____ Child's Name _____ Age _____ Class

_____ Child's Name _____ Age _____ Class

_____ Parent's or Guardian's Name(s) _____ Phone

_____ Address _____ City _____ State _____ Zip

_____ Parent's or Guardian's Signatures(s) _____ Date

COLTON BALLET SCHOOL STUDENT REGISTRATION

Student's Name (Last, First) Age Date of Birth School or Employer

Mother's or Guardian's Name Address City, State Zip

Cell Phone Home Phone Email Address Employer

Father's or Guardian's Name Address City, State Zip

Cell Phone Home Phone Email Address Employer

Name of Party Responsible for Tuition Address City, State Zip

Cell Phone Home Phone Email Address Employer

How did you hear about the Colton Ballet School? Name of Class(es) Monthly Tuition