

BALLET AT YOUR SCHOOL, INC.  
15715 S. DIXIE HIGHWAY, SUITE 213  
PALMETTO BAY, FL 33157  
(305) 255-9905 ♦ FAX: (305) 255-9805

www.balletatyourschool.com ♦ Email: [dance@balletatyourschool.com](mailto:dance@balletatyourschool.com)

BALLET CLASSES ARE ON: MONDAYS AT 2:15PM UNTIL 3:00PM  
MONTHLY TUITION: \$68.00 PER MONTH \*\*\* MUST BE 3 OR 4  
YEARS OLD AND MUST BE POTTY-TRAINED \*\*\*\*

\*\*\*\*\*BALLET CLASSES ARE ONCE A WEEK FOR 45 MINUTES\*\*\*\*\*

**TUITION INFORMATION:** You will receive a monthly statement.  
THE TUITION IS DUE ON THE 1<sup>ST</sup> OF EACH MONTH. There is a \$25.00  
fee for any returned checks. If payment is not received in this office  
by the 15<sup>th</sup> of the month, there will be a \$15.00 LATE PAYMENT FEE.  
Please mail your registration form and monthly tuition payment  
directly to and PAYABLE to: BALLET AT YOUR SCHOOL, INC. We  
accept ZELLE payments using ZELLE # 305-333-5004

**WITHDRAWING YOUR CHILD:** If you wish to withdraw your child, you  
must contact the office of Ballet At Your School immediately.

**LEGAL HOLIDAYS AND SCHOOL CLOSURE DATES:** If there is a  
Legal Holiday or your child's school is closed, there will not be a  
make-up for this class. THE TUITION WILL STILL BE \$68.00 A  
MONTH. THERE WILL ALSO BE NO REFUNDS FOR MISSED  
CLASSES.

**PERFORMANCE:** There will be a Performance in APRIL or MAY.  
The date will be announced. All are invited to attend. There are no  
classes held on the day of the Performance. THERE WILL BE A  
NOMINAL PERFORMANCE AND COSTUME RENTAL FEE.

**ATTIRE FOR BALLET:**

**PLEASE LABEL BALLET ATTIRE, LEATHER SHOES,  
AND BAG WITH YOUR CHILD'S NAME.**

**GIRLS:** LIGHT PINK LEOTARD (SPAGHETTI STRAPS OR  
TANK TOP STYLE), WHITE SOCKS, PINK BALLET  
LEATHER SHOES WITH ELASTIC BAND.

**BOYS:** BLACK BICYCLE SHORTS, WHITE T-SHIRT,  
WHITE SOCKS, AND BLACK BALLET LEATHER  
SHOES WITH ELASTIC BAND.

Rev: 6/21

**KEY BISCAYNE PRESBYTERIAN CHURCH SCHOOL**

**BALLET REGISTRATION FORM**

**PLEASE FILL OUT FORMS AND EMAIL TO: [dance@balletatyourschool.com](mailto:dance@balletatyourschool.com)**  
**FORMS MUST BE SIGNED AND RETURNED BEFORE**  
**BALLET CLASSES BEGIN.**

STUDENT'S NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

***CHECK HERE IF THIS CHILD HAS PREVIOUSLY BEEN ENROLLED WITH  
US ( )***

STREET ADDRESS: \_\_\_\_\_  
APT# \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: ( ) MR. ( ) MRS. ( ) MS. ( ) DR.

MOTHER'S CELL # \_\_\_\_\_ WORK#-----

FATHER'S CELL #: \_\_\_\_\_ WORK #: \_\_\_\_\_

GUARDIAN'S CELL #: \_\_\_\_\_ WORK # \_\_\_\_\_

E-MAIL ADDRESS (PRINT CLEARLY): \_\_\_\_\_

CHILD'S DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
CLASSROOM or COLOR DOOR or TEACHER \_\_\_\_\_

ZELLE PAYMENT **USE # 305-333-5004** TO PAY THROUGH **ZELLE**

PAYMENT ENCLOSED ( ) \$68.00 CHECK # \_\_\_\_\_  
Please write name of student and school on check memo line.  
***PLEASE MAKE CHECK PAYABLE TO: BALLET AT YOUR SCHOOL***  
***PARENT'S/GUARDIAN'S SIGNATURE*** \_\_\_\_\_

**PARENT/GUARDIAN'S SIGNATURE REQUIRED ON BOTH LIABILITY  
WAIVER FORM AND COVID-19 WAIVER FORM FOR REGISTRATION**