

THE BALLET ACADEMY

Donna Morris, Artistic Director

3 Monroe Parkway, Suite P-109

Lake Oswego, Oregon 97035

503-977-0632

CALENDAR AND CLASS SCHEDULE

(Subject to change without notice)

Winter Term: January 9, 2012 – March 23, 2012. Spring Term begins April 1, 2012.

The Studio will be closed for Spring Break, March 23 - 31.

MONDAY

6:00-8:00 PM Adv Ballet Class

TUESDAY

4:00-5:00 PM Level One Ballet 4-6 Yrs.

5:00-6:00 PM Beg/Int Pointe Class

6:00-7:30 PM Int Teen/Adult Ballet

THURSDAY

3:30-4:00 PM Level One Ballet 3-5 Yrs.

4:00-5:00 PM Level Two Ballet 6-9 Yrs.

5:00-7:00 PM Company Class

SUNDAY

12:30-1:30 PM Very Beg Teen/Adult Ballet

1:30-3:00 PM Company Class

3:00-4:00 PM Company Rehearsal

LAKESWOOD CENTER FOR THE ARTS CLASS INFORMATION

PRE-REGISTRATION: It is recommended that you pre-register to secure a place, as class size is limited. Please send pre-registrations to the address at the bottom of the next page. Please include the annual registration fee of \$20.00.

REGISTRATION: Bring your registration form and payment to Donna during class hours. Please include the annual registration fee of \$20.00. Payment in full is due by the first day of class. There will be no pro-rating of class fees for late registration. The winter term runs eleven weeks.

FEES: To insure small class size and the consistency of technical levels, all classes are on a school term basis. Registration fees and tuition are non-refundable.

WINTER RATE SCHEDULE:

Classes per week:	one	two
30 minute class:	\$90.00	\$160.00
60 minute class:	\$160.00	\$285.00
90 minute class:	\$210.00	\$355.00
two hour company class:	\$250.00	\$440.00

DRESS CODE: Wear pink ballet slippers, pink tights and any color plain leotard; no costumes, please. Hair should be pulled back in a ponytail or worn in a bun.

DECORUM: Please arrive on time. No food or drinks are allowed in the studio. Visitors may watch from the door.

ABSENCES: Missed classes may be made up during the same month by attending a class at the same or lower level. Check with Donna for suitable make up times. No pro-rating of tuition will be made for changes in schedule or absences for any reason.

LAKESWOOD CENTER FOR THE ARTS REGISTRATION FORM

NAME: LAST FIRST AGE

NAME: PARENT OR GUARDIAN

ADDRESS: STREET CITY ZIP

PHONE: HOME WORK FAX OR E-MAIL

RELEASE and SIGNATURE

All precautions will be taken to prevent accidents. In case of injury, parents will be notified immediately. It is hereby agreed that I, my child, adopted or otherwise, my heir and executors, or any person who may represent me, waive all rights and claims for damages that I may have at any time against The Ballet Academy LLC and Donna Morris Dance Company, its officers, boards, agents, servants, and employees whether paid or volunteer, for any injury or damages in connection with the dance program or other activities related to The Ballet Academy LLC and Donna Morris Dance Company. The risks involved in respect to such programs are fully understood and the students and parents assume complete responsibility and cost for any and all medical treatment arising from any injury sustained during any activity relating to The Ballet Academy LLC or Donna Morris Dance Company.

I hereby irrevocably consent to and authorize the use and reproduction by The Ballet Academy LLC, Donna Morris Dance Company or any of their authorized agents of any and all photographs, recordings, and video tapes, to exhibit, broadcast, and/or distribute or otherwise further reproduce said reproductions in whole or in part in any medium whatsoever, including, without implied limitation: newsletters, magazines, radio, newspapers, electronic/digital media, dvds, closed circuit television, film, cable, and television, with or without compensation in perpetuity. I also release, discharge, and agree to hold harmless the producers or any persons, or entities acting under their permission or authority from any liability arising from the use of said reproductions. This release is valid in any and all terms in perpetuity.

I have read and agree to the terms of this release.

SIGNATURE OF PARENT/GUARDIAN/STUDENT (IF OVER 18)

PLEASE INDICATE CLASSES BELOW:

# PER WEEK	CLASS	DAY	FEE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
SUBTOTAL			_____
ANNUAL REGISTRATION FEE			_____
TOTAL			_____

Cash or checks only, no credit or debit cards. Please make all checks payable to The Ballet Academy. Please return the completed form to Donna in person at Lakewood on or before the first day of class, or mail pre-registration forms to:

The Ballet Academy
3 Monroe Parkway, Suite P-109
Lake Oswego, Oregon 97035

Please write the address exactly as above. Please do not send correspondence to the Lakewood Center. Email Donna at dancelakeoswego@gmail.com or call 503-977-0632 if you have any questions.