

SUMMER CLASSES

June 9 - August 4 , 2008

Check session:

June 9 - July 5 _____ July 7 - August 2 _____

Classes will not be held Friday, July 4th.

Class	Time	Check Classes
CLASSES ARE SUBJECT TO CHANGE BASED ON ENROLLMENT. ALL CLASS PLACEMENT IS DETERMINED BY THE DIRECTOR.		
Creative Movement (3-5 yrs.)	M 9:00-10:00 a.m.	_____
Adult Ballet (Beg./Int.)	M 9:00-10:00 a.m.	_____
Pre Primary Ballet (5-6 yrs.)	M 4:30-5:30	_____
Grade 2/3 Ballet (7-13 yrs.)	M/W 5:30-6:30	_____
Beg. Jazz (7-12 yrs.)	M 6:45-7:45	_____
Grade 4/5 Ballet(9-15 yrs.)	M/W 5:30-6:45	_____
Beg Teen/Adult Ballet	M 7:00-8:00	_____
Int. Hip Hop (9-15 yrs.)	M 7:00-8:00	_____
Creative Mvmt. (3-4 yrs.)	T 4:00-4:45	_____
Ballet / Tap (5-7 yrs.)	T 4:45-5:45	_____
Int. Jazz (8-14 yrs.)	W 6:45-7:45	_____
Int./Adv. Teen/Adult Jazz	W 7:45-9:00	_____
Int/Adv. Teen /Adult Ballet	T/Th 6:30-8:00	_____
Adult Tap (Beg./Int.)	Tu 8:00-9:00	_____
Primary/Grade One Ballet (6-9 yrs.)	Th 5:30-6:30	_____
Tap 1/2 (6-19 years)	Th 6:30-7:30	_____
Adult Modern (Beg./Int.)	Th 7:00-8:00	_____
Creative Mvmt. (3-4 yrs.)	S 10:00-10:45 a.m.	_____
Ballet / Tap (5-7 yrs.)	S 10:45-11:45am	_____
Primay/Grade One Ballet (6-9 yrs.)	S 11:45-12:45	_____

Tuition and Fees: Cost is per student
Registration Fee: \$10.00 per session
 or \$15.00 for both sessions

Class Length:	4 weeks	8 weeks
45 min - 1 hr.	\$50	\$100
1 1/4 hours.	\$60	\$120
1 1/2 hours:	\$70	\$140
1 3/4 hours:	\$80	\$160
2 hours:	\$90	\$180
2 1/4 hours;	\$100	\$200
2 1/2 hours:	\$105	\$210
2 3/4 hours:	\$110	\$220
3 hours:	\$120	\$240
3 1/4 hours:	\$128	\$256
3 1/2 hours:	\$135	\$270
3 3/4 hours:	\$142	\$284
4 hours.:	\$150	\$300
4 1/4 hours:	\$156	\$312
4 1/2 hours:	\$162	\$324
4 3/4 hours:	\$168	\$336
5 hours:	\$175	\$350
5 1/4 hours:	\$181	\$362
5 1/2 hours:	\$187	\$374
5 3/4 hours:	\$193	\$386
6 hours:	\$200	\$400

Deduct 5% for full 8 weeks tuition paid by May 15th.
 There is a 10% discount for each additional family member.

Registration Form

Name _____
 Age _____ Date of birth _____
 Name of Parent/Guardian _____
 Address _____
 City _____ Zip Code _____
 Phone #s: home _____
 work _____ mobile _____
 e-mail: _____
 Emergency Contact: _____
 Phone #s: home _____
 work _____ mobile _____
 Name of Physician: _____
 Ph# _____
 Preferred health care facility: _____
 Ph# _____

All precautions will be taken to prevent accidents. Simple first aid will be administered to all minor injuries and parents or doctors will be called when necessary. However, The Austin Conservatory of the Arts and its teachers cannot be held liable for injuries to children while on the premises or otherwise in the care of the staff members. Knowing the teachers will do their best for the safety of the children in their care and will not be negligent, the guardians, signed below, assume all responsibility for compensation for accidental injury incurred by their child/children while on the premises and waive any claim against The Austin Conservatory of the Arts, its agents, employees or servants, whether paid or volunteer.

 Signature of parent/guardian or student if over 18

 Date

Make checks payable to:

The Austin Conservatory of the Arts, 14735 Bratton Lane,
 Suite 125, Austin, TX 78728

CHECK# _____ AMOUNT _____

Visa/M/C/ AMEX: (circle one)

_____-_____-_____
 Exp. date _____

Signature: _____

Verification # _____

**There are no refunds or credits for missed classes.
 No Exceptions.
 Medical excuses must be submitted directly to the
 Director of ACA for review. In the case of a medical
 excuse a 50% refund will be given.**