

Fall Session Registration Form September 19 - December 4, 2009

Registration Deadlines:

9/08/09 (noon): All Returning Student deadline and Toddler/Kinder Applicants
 9/11/09: New and returning students (no priority)

Please confirm class eligibility prior to registering. New students or students changing class or class level, cannot be placed until after the returning student deadline. Confirmations will be sent after registration has been processed.

General Class Fees*

1 class\$180
 2 classes\$340
 3 classes\$485
 4 classes\$615
 5 classes\$720
 6 classes\$795
 7 classes\$875

*Multiple class discounts apply per student, not per family

Fixed Fee Classes

Bungee Trapeze\$225
 Flying Trapeze Adult.....\$325
 Flying Trapeze Teen.....\$295
 Flying Trapeze Team A.....\$350
 Flying Trapeze Team B.....\$305
 Master Intensive\$250
 Pre-Team III\$250
 Team\$350
 Wings.....\$195

Policies and Procedures

Tuition: Registration must be accompanied by full payment or registration will not be processed and class placement will be lost.

***Returning families who wish to arrange payment for Fall, Winter, and Spring sessions with one payment with the first session, or recurring automatic payments with the Winter and Spring sessions. **(This option is for students who do not change classes during the course of the year.** If the student changes a class from one session to the next, a formal registration must be submitted with all other students within the time frame of the registration process and the automatic payment option will not be used.)

Placement: Students returning to an open class/act have priority through date specified at top of this page by Returning Student Priority date. After this deadline, applications for open classes are handled on a first come, first served basis. Limited space available in some classes and acts. To ensure placement, we recommend that you list and rank secondary class choices on the registration form.

NOTE: Payment, however, should reflect only the actual number of classes each student is prepared for and qualified to take. Overages will be refunded only if there is no space available or student has not met prerequisites.

Annual Registration Fee: \$25 per student per year. This non-refundable annual fee must be added to each student's registration unless paid in the last 12 months.

Class Length: 55 minutes unless noted.

Class Makeups: Offered only when classes are rescheduled by Circus Juventas. No makeup for classes missed due to student illness, vacation or inclement weather.

Cancellations/Withdrawals: Circus Juventas reserves the right to cancel a class due to insufficient enrollment. In that case, the student would receive a full refund. Students voluntarily withdrawing from a class after the registration deadline may NOT receive a refund.

Health, Liability and Safety Info: Forms are available for new students at the lobby desk and must be completed prior to the first class or student will not be allowed to participate. Health forms must be updated annually and it is the responsibility of returning students to keep health forms current!

Please mail registration form along with payment to:

Circus Juventas

1270 Montreal Avenue
 St. Paul, MN 55116
 Phone: (651) 699-8229
 Fax: (651) 699-4395

Website: www.circusjuventas.org
 E-mail: info@circusjuventas.org

Parent/Guardian _____ Phone _____

Address _____ City _____ State _____ Zip _____

E-mail* _____

***Contact information provided should include a phone number where messages can be left. Any class questions will be communicated via that phone number, and registrant will have 24 hours to return these calls before CJ staff will move on to the next registrant. Due to time constraints, all confirmations will be emailed. Please print your email carefully!**

Parent/Guardian listed will be responsible for all billing and receiving information distributed by CJ.

STUDENT #1 _____ Date of birth _____

School _____ Fall '09 Grade _____ Gender M F

Returning student:

from Summer 09 classes from Spring 09 classes from a previous session

If space is available and you are willing to move to the next level, check the box marked Next Level. Put the name of the current class on the line, not the next level.

CLASS NAME, DAY & TIME	CLASS CODE	NEXT LEVEL	FEE
1 _____	_____	<input type="checkbox"/>	_____
2 _____	_____	<input type="checkbox"/>	_____
3 _____	_____	<input type="checkbox"/>	_____
4 _____	_____	<input type="checkbox"/>	_____
5 _____	_____	<input type="checkbox"/>	_____

Please place me on the waiting list for the following act/s (max. two per student):

6 _____	_____	<input type="checkbox"/>	_____
7 _____	_____	<input type="checkbox"/>	_____

Sub-total

+ Annual \$25 registration and/or late fees _____

Total for Student #1 _____

STUDENT #2 _____ Date of birth _____

School _____ Fall '09 Grade _____ Gender M F

Returning student:

from Summer 09 classes from Spring 09 classes from a previous session

If space is available and you are willing to move to the next level, check the box marked Next Level. Put the name of the current class on the line, not the next level.

CLASS NAME, DAY & TIME	CLASS CODE	NEXT LEVEL	FEE
1 _____	_____	<input type="checkbox"/>	_____
2 _____	_____	<input type="checkbox"/>	_____
3 _____	_____	<input type="checkbox"/>	_____
4 _____	_____	<input type="checkbox"/>	_____
5 _____	_____	<input type="checkbox"/>	_____

Please place me on the waiting list for the following act/s (max. two per student):

6 _____	_____	<input type="checkbox"/>	_____
7 _____	_____	<input type="checkbox"/>	_____

Sub-total

+ Annual \$25 registration and/or late fees _____

Total for Student #2 _____

+ (Optional) \$25 per a **DVD of Circus Juventas Summer Show Yulong** _____

(Checks payable to Circus Juventas) **TOTAL ENCLOSED** _____

Does either student have any current medical conditions that warrant special treatment or precautions during circus training? No Yes

Does student(s) have major medical insurance? No Yes

Payment Method: Check - Check # _____ Cash Credit Card

Visa Master Card Payment Amount \$ _____

School-year Tuition Option***: (circle one) Full year payment Session by Session Payment

Credit Card Account # _____ Expiration Date: _____

THIS SECTION FOR OFFICE USE ONLY.

REGISTRATION NO. _____