

STUDENT POLICIES

PLEASE READ AND INITIAL BELOW THAT YOU HAVE READ AND UNDERSTAND AND AGREE TO THE FOLLOWING:

Yearly TDS Obligations: Payment can either be made for the year in full or be divided into 10 equal payments.

_____ PAID IN FULL (10 month program/10% discount) or monthly payments
ALL STUDENTS ARE ON MONTHLY AUTO PAY

FINANCIAL OBLIGATIONS:

REGISTRATION FEE: \$25 Individual and \$40 Family

JANUARY 10TH: Recital Costume **DEADLINE** (Mini/Primary-\$65/ others-\$75)

APRIL 15TH: Recital Participation Fee **DEADLINE** (\$50 Includes Professional DVD)

_____ ANY DEADLINE THAT IS MISSED (that you have signed up for) will automatically be charged to card on file

_____ **MAKE-UP ANY MISSED CLASSES** is for ILLNESS OR INJURY ONLY,

_____ **STUDIO CLOSURES:** Labor day, Fall Break (1 week), Thanksgiving, Winter Break (2 weeks), Spring Break (1 week) and Memorial Day. Each dancer will receive at least 40 lessons (Aug-May 10 Month season). Some months 3, some 5 most 4. You will always be charged the same per month. If a student drops a class a **WITHDRAWAL FORM MUST BE FILLED OUT.**

_____ **DRESS CODE:** Ballet: pink tights black/color leotard
Jazz/Lyrical/Tap: is all dancewear outfit's with correct shoes for each class, hair securely up off face and neck

MEDICAL RELEASE

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I, _____ (parent/guardian name) hereby give my permission for any and all medical attention to be administered to my child, _____, (child's name), in the event of accident, injury, sickness, etc., under the direction of the physician listed below or at any necessary emergency facility, until such time as I may be contacted. I also assume full responsibility for the payment of any such treatment. This release is effective for the period of one year from date given.

CHILD'S PHYSICIAN _____ PHONE NUMBER _____

KNOWN ALLERGIES _____

We are sometimes approached by students requesting medication for a headache, or other minor ailments. Do we have permission to dispense the following medication to your student, per the manufacturer dosage recommendation?

Please check yes or no below and initial, indicating you read the following:

Child's Name: _____ Tylenol: Yes _____ No _____ Advil: Yes _____ No _____

Child's Name: _____ Tylenol: Yes _____ No _____ Advil: Yes _____ No _____

PHOTOGRAPHY RELEASE

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The Dance Studio will be taking photographs/video's for use of student(s) for use in brochures, web sites, posters, advertisements and other promotional materials created by the studio and/or performing company.

Please record debit or credit card information: Name on Card: _____ Visa MC V-Code (3 digits): _____

Card Number: _____ - _____ - _____ - _____ Exp. Date: _____ \ _____

Card Billing Address: _____ City: _____ State: _____ Zip: _____

Printed Name of Signature Holder: _____ Signature of Card Holder: _____