

STUDENT POLICIES

PLEASE READ AND INITIAL BELOW THAT YOU HAVE READ, UNDERSTAND AND AGREE TO THE FOLLOWING: **PAYMENTS CAN EITHER BE MADE FOR THE YEAR IN FULL OR BE DIVIDED INTO 11 EQUAL PAYMENTS.** ALL STUDENTS ARE ON MONTHLY AUTO PAY

- FINANCIAL OBLIGATIONS:** Will automatically be charged on deadline date.
 - Monthly Tuition Automatically taken out on the 1st of each month (Aug-June/11 Month Program)
 - REGISTRATION FEE:**\$25 Individual and \$40 Family (Paid in full 10% discount) **DEADLINE JANUARY 15TH**
 - Recital Costume, Recital TShirts and Tights **DEADLINE APRIL 15TH**
 - Recital Participation Fee of **\$50** will automatically be charged on **SEPT 10TH**
(includes a Professional DVD of Show) Recital Tickets - \$15 pp
- MAKE-UP ANY MISSED CLASSES 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 44 lessons (Aug-June 11 month season). Some months 3, some 5 most 4. You will always be charged the same per month.
- DRESS CODE:** Ballet: Pink Tights and any style/color Leotard (Hair in Bun). JAZZ & TAP: Black Jazz/Tap shoes in any style. Lyrical/contemporary: Foot Thongs, **NO BARE FEET.** Hip hop: Low or High Top Tennis Shoes, **ANY DANCEWEAR**

MEDICAL RELEASE

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 such treatment. This release is effective for the period of one year from the 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

LIABILITY RELEASE and PHOTOGRAPHY RELEASE

In consideration of receiving dance instruction, I _____, hereby release and forever discharge The Dance Studio, their assistants, and/or employees and their families, of any and all claims for damage(s) of any kind. Signature required of Student (if over 18) or of Parent/or Legal Guardian (under 18). 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.

DATE: _____ SIGNATURE: _____

COVID 19 POLICY & RELEASE FORM

Dancer(s) Name: _____

My signature on this Release acknowledges that I understand the contagious nature of the Covid 19 Virus and that I voluntarily assume the risk that my child(children), myself, or any of my family members, may be exposed to or infected by Covid 19 by attending TDS "in person" classes. Signing this release form confirms that I understand & agree to the TDS Covid 19 Policy & Rules, and that I have the option to NOT send my dancer to TDS. Please print & fill this form out. Email to tds1629@gmail.com or bring to first class. NO DANCER will be allowed to dance without a signed release form

Initials

- _____ 1) I understand that the Covid 19 Virus has a long incubation period during which carriers of the virus may not show symptoms, but may still be contagious, and I will NOT hold any Owner, Teacher, Staff, or Dancer of TDS responsible.
- _____ 2) I understand that masks are OPTIONAL for TDS Staff & Dancers.
- _____ 3) DROP OFF / PICK UP only
- _____ 4) I understand that TDS will keep dancers apart as much a possible per Social Distancing guidelines.
- _____ 5) I understand that any Props will be used by only ONE dancer at a time, and will be sanitized in between classes.
- _____ 6) I agree to provide my dancer with ALL Dance Shoes required per class, NO BARE FEET! Personal water bottles ONLY allowed in dance room (drinking fountain provided)
- _____ 7) I understand that my dancer's hair must be in a bun or high ponytail with a headband (to keep them from touching their face) to keep hair off face.
- _____ 8) I agree NOT to allow my CHILD to attend class if they exhibit any of the following: Fever / Shortness of breath / Dry Cough / Runny Nose / SoreThroat / Loss of Taste or Smell / No Positive Covid 19
- _____ 9) I will contact TDS immediately if my dancer or anyone in my family tests positive for Covid 19.

GUARDIAN (Print): _____

SIGNATURE: _____ DATE: _____