**Student’s Full Name: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_**\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_**\_**\_\_\_\_ School Grade: \_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_ City: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_ Zip: \_\_**\_\_\_\_**\_\_\_\_\_\_**

**Guardian Name: \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guardian Email address (Required): \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: \_\_\_\_**\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph. #: \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_**

**Credit Card#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration date: \_\_\_\_\_/\_\_\_\_\_ 2019/2020**

**School: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick-up: Yes | No**

**How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Returning Student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* I hereby register my child in the 2019-20 Vision Dance Company. \_\_\_\_\_\_\_\_
* I agree to pay the annual registration fee of $35.00 per year. Registration will be renewed in August of each year. \_\_\_\_\_\_\_\_
* I agree that Vision Dance Company will charge my card weekly, biweekly, or monthly for my child’s dance tuition/ after-school. \_\_\_\_\_\_\_\_
* I agree that there will be no credits or refunds given for any missed classes. \_\_\_\_\_\_\_\_
* In the event of a regular scheduled class being cancelled by Vision Dance Company for a reason other than scheduled holiday, a make-up class will be scheduled in the following 30 calendar days. If a student does not attend the make-up class, no additional make-up classes will be scheduled or due. \_\_\_\_
* Monthly tuition will not be prorated for holiday closures. The studio will be closed on the following events: \_\_\_\_\_\_\_\_\_

**Independence Day**

**Labor Day**

**Thanksgiving Break**

**Christmas Break**

**Martin Luther King Day**

**After-school Program/Dance Company**

* I understand that monthly payment is due on the 1st to the 10th of each month. If paid after the 10th, there will be a $25 late fee added. \_\_\_\_\_\_\_
* I understand May/June payment MUST be paid with the May monthly payment as June is prorated. Should payment not be made, my child will not be picked up for after-care. \_\_\_\_\_\_\_\_\_
* I understand if my check or automatic payment is returned unpaid by the bank, I agree to pay a $35 fee in addition to the amount of the draft or check. I agree that this fee is paid in cash to the front office. \_\_\_\_\_\_\_\_\_
* I understand that Vision Dance Company closes at varying hours, so it is my responsibility to note my child’s class schedule and pick up my child accordingly. \_\_\_\_\_\_\_\_\_
* There will be a charge of $1.00 per minute, after the 10minute grace period, if I am late to pick up my child. This charge will be paid in cash on the day and at the time of pick up. \_\_\_\_

**Dance Company**

* If I withdraw my child from classes for non-medical reason, I must re-register my child if I wish my child to continue with the company \_\_\_\_\_\_
* I understand that costume and activity fees are non-refundable under any circumstance. \_\_\_\_\_\_\_
* I understand that the activity fee is due with registration. \_\_\_\_\_
* I understand that the costume fee will be divided into 2 installments (Oct. & Dec.) and is per dance/activity performed at annual spring show. \_\_\_\_\_
* I understand that for my child to participate in the company’s activities, I (parent/guardian) must sell 10 or more tickets for each performance. \_\_\_\_\_
* I understand that if I withdraw prior to costume delivery, I will not receive costume or be refunded the money paid \_\_\_\_\_\_\_
* I hereby release vision Dance Company and all staff officials from all claims of damages or injury suffered by the registered student in connection with their association with Vision Dance Company. \_\_\_\_\_\_
* I grant vision Dance Company the right to take photographs of listed student and use them for such purposes as publicity and advertisement. \_\_\_\_\_\_

**Competition**

* I agree that I am responsible for all competition fees, costumes, transportation, food, and accommodation at regional and national level. \_\_\_\_\_\_\_\_
* I agree to purchase company jacket and other company uniform for competition. \_\_\_\_\_\_\_\_\_\_\_\_
* I agree that my child can perform in the regional competition and not in the national competition due to lack of performance standard. \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature Date**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Classes**  *Tumbling, Cheerleading*  *Ballet, Hip-Hop, Jazz, Tap, and African* | **Weekly**  *Autopay only* | **Bi-Weekly** *Autopay only* | **Monthly Rate**  *Discounted cost*  *cash or credit card only* | **Pick-up** | **Additional Class** | **Competition Fee** |
| 1 | **Class Rate** | $20/class |  | $80 |  |  | $25/monthly |
| 2 | * **After-Care/Homework Assistance** * **1 Class**   **-Cheerleading/Tumbling** | $60 | $120 | $220 |  |  |  |
| 3 | * **Pickup From School** * **After-Care/Homework Assistance** * **1 Class**   **-Cheerleading or Tumbling** | $65 | $130 | $240 | $5/weekly |  |  |
| 4 | * **After-Care/Homework Assistance** * **2 Classes**   **-Cheerleading or Tumbling**  **-1 class choice** | $70 | $140 | $260 |  | $10/week |  |
| 5 | * **Pickup From School** * **After-Care/Homework Assistance** * **2 Classes**   **-Cheerleading or Tumbling**  **-1 class choice** | $75 | $150 | $280 | $5/weekly |  |  |
| 6 | * **After-Care/Homework Assistance** * **3 Classes**   **-Cheerleading or Tumbling**  **-2 class choices** | $80 | $160 | $300 |  | $20/week |  |
| 7 | * **Pickup From School** * **After-Care/Homework Assistance** * **3 Classes**   **-Cheerleading or Tumbling**  **-2 class choice** | $85 | $170 | $320 | $5/weekly | $10/month |  |
| 8 | **Studio Space Rental** | $40 per hour/per studio space | | | |  |  |
| 9 | **Saturday Dance Classes Only** | 1 class (1hr) | 2 classes (2hrs) | 3 classes (3hrs) |  |  |  |
| $80 mthly | $160 mthly | $220 mthly |  |  | $25/monthly |
| * Parents are responsible for **ALL** fees– costume fees, competition fees, performance ticket sales, dancer transportation, fundraisers, etc. * All classes are available in Beginners, Intermediate, and Advanced levels * **AFTERCARE STUDENTS**: Payments must be made **BEFORE** the scheduled pick-up date | | | | | | | |

**T-shirt Size: XS SML MED LRG XL | Registration Fee: $35 \_\_\_\_\_| Monthly Payment: $\_\_\_\_\_\_\_\_**

**Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**