

POLICY AGREEMENT

This form must be filled out, signed, and returned with the official registration form by Oct. 1. One per family. Please add the below dates to your home family calendar.

Family / Guardian Name _____

Dancer Name(s) _____

TUITION / PAYMENTS

Please initial on each line:

_____ I understand that my monthly tuition is _____ regardless of the number of classes my dancer(s) attend(s) in any month. I understand that ***tuition is non-refundable***. Tuition is based on a 9-month dance year (or approximately 36 weeks), and is broken down into 10 monthly payments (September to June). The monthly fee remains the same regardless of the number of classes in any given month.

_____ I understand that make-up classes are available should I miss any classes for any reason.

_____ I understand that tuition payments are due by the 10th of each month. Any payments turned in after that time will result in a \$10 late fee automatically charged to my account.

_____ If I plan to discontinue my dancer's classes, I must do so ***in writing*** to avoid continued tuition charges. I understand that I will forfeit all previous payments made, for such items as recital or competition fees, or missed classes.

_____ I understand that costumes will not be distributed until all recital fees have been paid, and recital fees are non-refundable.

IMPORTANT DATES / INFORMATION

_____ I acknowledge that I have been informed of the following dates:

November 1	1st recital payment due
December 1	2nd recital payment due
January 10	Final recital payment due
June 5	Dress Rehearsal Day
June 10 and 11	Recital Days

- Yes, I would like to be kept up to date with reminders and information through email.

My email address is _____
(Email addresses are kept confidential and are not sold.)

_____ I have read and understand the studio policies.

Signed _____ Date _____