



PHONE: 314-487-8082
WEBSITE: www.danceonyourtoes.com

STUDIO ADDRESS:
4835 Lemay Ferry Rd.
St. Louis, MO 63129

Policy Agreement

This form must be filled out, signed, and returned with the official registration form upon registration. One form per family. **Please initial on each line**

Family / Guardian Name _____

Dancer Name(s) _____

Tuition / Payments

_____ 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 10 month dance year (or approximately 38 weeks), and is broken down into 10 monthly payments (September through **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; it at my discretion to partake in make up classes as no refunds/credits are given.

_____ **LATE FEES:** I understand that tuition payments are due by the **10th of each month**. Payments turned in late will result in a \$15 late fee automatically charged to my account on the 11th of each month.

_____ **LATE FEES:** I understand that if my tuition is not paid by the last day of the month **ANOTHER \$15 late fee will be applied**. No exceptions unless studio director consent is given.

_____ **Dancers will not be allowed to participate in class if your account is more than 2 months past due.** All previously paid for items, such as recital and competition fees will be forfeited if you choose not to return to the studio. All delinquent accounts will be turned over to a collection agency. I understand my account will be to given to a collection agency for any payments not paid in a timely manor.

_____ If my account is more than 2 months behind, accounts will default to an auto payment plan for an amount that is agreed upon by On Your Toes and my family. **This will require a \$25 set up fee** if doing a bank draft.

_____ I understand that I will be charged added fees to cover collection agency cost if accounts are turned over to an agency.

_____ 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 tuition has been paid in full.

_____ I understand that recital fees are non-refundable.

_____ I understand that in the event of a forced shutdown through no fault of OYT, classes will be held online. Makeup class opportunities will be available if time permits. Tuition discounts will be at the full discretion of OYT.

IMPORTANT DETAILS

All families at On Your Toes Dance Studio are required to turn in a studio policy agreement each year. This form is used to make sure families are aware of financial obligations as well as important studio dates.

Please add the below dates to your home family calendar:

November 1	1st recital payment due
December 1	2nd recital payment due
January 10	Final recital payment due
June 6	Dress Rehearsal Day
June 11 and 12	Recital Days

All studio, class, and recital information will be sent via email. It is important to check your email on a weekly basis for emails from On Your Toes Dance Studio. It is also highly recommended to add our email address to your address book to avoid studio emails going to a spam folder. Our studio email address is misskelly@danceonyourtoes.com

By signing below I verify that I have read, understand, and agree to the studio policies for On Your Toes Dance Studio.

Signature:

Date:

TURN OVER FOR OTHER SIDE