

A Class Act



Dance Center Parent Agreement Please Read & Sign Below...

Family Name _____

The undersigned, heirs, executors and administrators waive and release any and all claims against A Class Act Dance Center (herein referred to as ACADC), its agents, servants and employees, for any personal injury sustained out of participation in any classes, rehearsals, performances or on the premises of ACADC.

I certify that my child is in good health and I understand that participation in classes involves physical movement and execution. I understand and agree to adhere to the Student and Parent Conduct Code in the Parent Guide. I agree to provide medical insurance for my child and family. If my emergency contact cannot be reached, I give permission to the staff of ACADC to render aid or to act in my behalf to obtain emergency medical treatment for this student for any illness or injury that may occur while attending classes, rehearsals, performances or on the premises.

I understand that I must pay for all classes that I register for here at ACADC and observed the late fee of \$5.00 per month for all missed payments regardless of the reason. I understand that payment should reach ACADC on time (on or before the 15th of the month), even if I'm absent from class the day it is due. In addition, I understand that I am registering for the entire season (mid September –May), and if I choose to drop a class, there will be no refund due to me and I agree to pay for the entire season as my registration holds a secure spot in class. However, I may drop a class and receive a prorated refund prior to October 15th. If I do choose this option and drop a class, I will notify the office in writing on or before October 15th. If I fail to do so, I understand that I will be registered in the class and the spot will be held until I notify the office of the withdrawal in writing as previously stated. After October 15th, there are NO refunds or credits given. Late registration has up to 4 weeks from the day of registration to drop for a prorated refund. After that time, NO refunds will be given and I understand I must pay for the season in its entirety. I understand that all checks should be made payable to ACADC and what I will be charged a service fee of \$35.00 for every bounced check I write. Also, I will be asked to pay in cash for the check I wrote as well as the service charge.

I understand that tuition is due in full or in 4 payments. If I elect the "4 payment plan" I understand that I will not be charged installment interest. I understand that all registration fees are non-refundable. I understand that failure to pay tuition, late fees, or miscellaneous charges may result in termination of my child(ren)'s participation in their class(es) until such a point that my account is made current.

I understand that ACADC does NOT issue refunds for any reason, including missed classes due to illness, vacation, religious observance or withdrawal. Any missed classes can be made up in another appropriate class during the season, subject to enrollment and availability. Refunds will not be given for costumes, tights, or any other items purchased at ACADC.

Parent OR Guardian SIGNATURE: _____

<p>Payment Choice Circle one</p> <p>Payment in Full</p> <p>4 Payment Plan</p>
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<p>PAYMENT AT REGISTRATION Cash/Check#: _____ A 3% convenience charge will be added to all credit card payment Credit Card # Visa MC Discover _____ ExpDate _____ Vcode(visa) _____ Signature _____</p>
