**Registration Form**
**Policies and Procedures**
**Dance School Year 2026-2027**
www.DancersEdgeInc.com

Please read carefully the following information. For registration to be complete, this form must be signed and returned to the studio along with your Registration Fee. Make checks payable to DANCER'S EDGE (do not mail cash). Your signature on this Registration Form indicates your understanding and acceptance of the policies and procedures of DANCER'S EDGE, INC.

## DRESS CODE

Proper dance attire is essential to efficient performance in class and affects the instructor's ability to see the student's movements properly and to make corrections. Hair is to be worn secured to the head, off the shoulders and away from the face (buns, braids, etc.). Chewing gum in class is not permitted. Wearing a "cover-up" to and from class is required. Appropriate dancewear (leotard, unitard, two-piece sets, dance pants, tights) and shoes (ballet shoes, tap shoes, jazz shoes, dance sneakers) are required for each dance discipline. The teacher will advise you what is appropriate for each class. How you dress affects how you move. Dress like a dancer to feel like and be a dancer.

## ATTENDANCE & MAKE-UP CLASSES

If you must be absent, please notify the studio and schedule a make-up class. Classes may be made up within three weeks of the class missed. Exceptions will be made for those with long-term illness.

## NOTICE OF WITHDRAWAL

Registration reserves your place in class. You are responsible for payment for all classes you have enrolled in until formal notification in writing is received by the studio. THERE ARE NO REFUNDS, TRANSFERS, CREDITS, OR DEDUCTIONS FOR MISSED CLASSES. If it should become necessary for a student to drop out temporarily, that student may rejoin the class at a later date if there is a place open. A $30 Registration Renewal Fee is required. If the student is too far behind there is the option of private lessons to catch up or placement in a comparable class of appropriate technical level.

## HOLIDAYS

Specific dates for holidays will be posted. Our dance season runs approximately 44 weeks, August - June.

## DANCE RECITAL

Our annual Dance Recital is planned for June 2027 at Trinity Preparatory School.

## ADVERTISING & PROMOTION

Photos, videos, film or audio recordings taken during a Dancer's Edge class, in the Dancer's Edge Studio or at participating Dancer's Edge events become the property of Dancer's Edge. We reserve the right to use any and all photo and video taken for social media, marketing and publicity purposes. YOUR SIGNATURE ON THIS FORM CONFIRMS YOUR PERMISSION.

## INSURANCE

DANCER'S EDGE does not carry medical insurance for students. It is required that all students be covered by their own family insurance policy. If injuries occur, it is understood that the student's own policy is the only source of reimbursement.

## MINIMUM CLASS SIZE

There must be a minimum class size of 5 active students consistently. Any fewer students may result in a schedule change. We will make every effort to provide a viable alternative class should it become necessary to close a class due to insufficient numbers.

## MONTHLY RATES & REGISTRATION FEES

REGISTRATION FEE: A NON-Refundable $60.00 per student is due for the year when registering.
45 Minute Classes (Preschool – 3-5 years old): $65/$59* per month (4 class average)
55 Minute Classes: $65/$59*
85 Minute Classes: $75/$68* (*indicates price paid for additional classes or students per month).
Family Rate Example: 2 Students: $65/month for the first student, $59/month for the second.
Renewal Fee: $30 – required to re-register a student who must drop out temporarily.
Prices are subject to change with a 30 day notice.

## TUITION PAYMENTS

Tuition payments are due by the first of each month and are based on an average of four classes per month. Tuition is due by the due date in its entirety regardless of holiday time off or class time missed through absence. ~ You will receive a $5 discount if you pay before the 10th of each month. **On the 10th of the month, please know that you will owe the studio the standard fee for classes for that month**. *We do not send bills. Statements are sent out only when your account is overdue.* A $10 service charge will be applied to accounts not paid within the month they are due. Also, a $25 service charge will automatically be charged to your account for checks returned to us by the bank. Returned checks cannot be re-deposited. Payments must be made for NSF checks in cash at the studio.

## OUR GOAL

Our goal is to provide the most positive environment possible for the growth and development of each individual student. We are not only sharing the art and discipline of dance but the important life skills as well. Dance class is about more than just dancing. It aids in developing socialization and self-discipline, as well as physical skills while teaching appreciation for the arts and dance. Dance can provide a perfect outlet for self-expression, creativity and self-esteem building.

## PLEASE PRINT CLEARLY

Student #1_____ Birthday_____ Age_____ Experience_____
Student #2_____ Birthday_____ Age_____ Experience_____

## Please Check Classes Desired

| **Student #1** | **Student #2** |
|---|---|
| _____ Acro | _____ Acro |
| _____ Combination Class – Ballet/_____ | _____ Combination Class – Ballet/_____ |
| _____ Ballet | _____ Ballet |
| _____ Tap | _____ Tap |
| _____ Jazz | _____ Jazz |
| _____ Hip-Hop | _____ Hip-Hop |
| _____ Flamenco | _____ Flamenco |
| _____ Lyrical | _____ Lyrical |
| _____ Company | _____ Company |

First Class/Student #1 _____ (Day Date Time)  First Class/Student #2 _____ (Day Date Time)

Parent/Legal Guardian (PLEASE PRINT) _____

Address _____ City_____ Zip _____

Email _____ Best Phone #_____

Name(s) of any other party(s) making payments on this account (i.e., grandparents):_____

How did you hear about us? _____

AS PARENT OR LEGAL GUARDIAN I GIVE MY CONSENT WITH MY SIGNATURE BELOW FOR NECESSARY EMERGENCY MEDICAL TREATMENT. Liability waiver: Dancers Edge Inc. provides classes and training at the exclusive risk of the participants. Your signature below indicates your understanding and acceptance of all policies and waivers on this form.

SIGNATURE _____ Date _____

For Office Use Only: Registration Fee Paid _____ Check/Cash Receipt #/CC_____
Payment Date _____ Placement Date _____
Monthly Rate _____