



Registration Form (* - denotes optional fields) Date: ___/___/___

How did you hear about us? _____ Referral Name: _____

Family Information:

Family Last Name: _____

Contact #1 First Name: _____ Last Name: _____

Circle One: Mother / Father / Other

Home Phone: _____ Cell #: _____ Work #: _____

Email: _____ Employer: * _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Info (Other than Parents): * Name: _____ Tel #: _____

Student #1 Information:

Student's First Name: _____ Last Name: _____

Student Gender: _____ Birth Date: _____ (Format=mm/dd/yyyy)

Student Email:* _____ School: _____ Grade: _____

Transportation:* _____ Allergies/Medications : _____

Classes:

Class #1: _____ Class #2: _____

Class #3: _____ Class #4: _____

Class #5: _____ Class #6: _____

Class #7: _____ Class #8: _____

Class #9: _____ Class #10: _____

Class #11: _____ Class #12: _____

Student #2 Information:

Student's First Name: _____ Last Name: _____

Student Gender: _____ Birth Date: _____ (Format=mm/dd/yyyy)

Student Email: * _____ School: _____ Grade: _____

Transportation:* _____ Allergies/Medications : _____

Class #1: _____ Class #2: _____ Class #3: _____

Student #3 Information:

Student's First Name: _____ Last Name: _____

Student Gender: _____ Birth Date: _____ (Format=mm/dd/yyyy)

Student Email: * _____ School: _____ Grade: _____

Transportation:* _____ Allergies/Medications : _____

Class #1: _____ Class #2: _____ Class #3: _____

Registration Fee:

Monthly Tuition:



Vicky Simegiatos Performing Arts Center Policies

Tuition

I acknowledge that tuition is non-refundable and is due at the beginning of each month. If payment is received after the 10th of the due month, an automatic late fee of \$10 will be applied to that account. I also acknowledge that there will be a \$35 charge for returned checks.

Initial _____

Fee Policies

Tuition is not pro-rated and there will be no refunds, deductions, or credits for absences due to any circumstances. ALL fees, which include, but are not limited to, tuition, curriculum fee, costume fees, recital/performance tickets, recital video fee, competition entry fees, workshop fees, trial class fees and private class fees are non-refundable. ***Tuition remains the SAME for each month regardless of how many active classes there are in the month. *** Families are responsible for tuition payments September through June.

Initial _____

Payment Information

I acknowledge that Tuition and all fees, including Registration Fee, Costume Fees, Curriculum Fees, Dance Supplies (including team uniform), are all nonrefundable and are to be paid in full by the due date specified by VSPAC. VSPAC accepts payment by Cash, Check, Zelle, Venmo and PayPal. Parents are responsible for tuition if they have not officially withdrawn their child from classes. (Officially withdrawn means that the parent must either email, call our office, or in person state that their child is no longer taking classes). Please do not assume that we will automatically know that your child is no longer taking classes without a formal withdrawal.

Initial _____

Registration Fee

I acknowledge that I will pay the non-refundable Registration Fee of \$35 for all students due upon registration and recognize that there is an additional fee of \$15 per child for families with multiple children.

Initial _____

Curriculum Fee

I acknowledge that I will pay the non-refundable Curriculum Fee of \$100 for one child, \$150 for two children, or \$200 for three children by October 15th and will incur a late fee of \$10 if payment is received after the due date. Curriculum Fee includes: (1) instructional materials, used as part of the course for the teachers; (2) fees assessed to pay for services external to our performing arts center. (3) Recital costs such as rental of the theatre, lighting, sound, security and other online streaming platforms. These fees include materials related to the mechanics of teaching the course, such as course outlines, syllabi, training classes for our teachers, and purchase, maintenance, and replacement costs of instructional and other studio equipment.

Initial _____

Costume Fees

I acknowledge that I will pay a **non-refundable Costume Deposit of \$50** per class by November 1st and will incur a late fee of \$5 per class if payment is received after the due date. I further acknowledge that a **non-refundable Costume Balance** will be due in the Spring. If your child will not be participating in our Annual Dance Recital in June, please notify our office and/or by email by NOVEMBER 1st to avoid the Costume Fees. If we are not notified, your account will be charged.

Initial _____

Recital Video Fee

I acknowledge that I will pay \$25 Non-Refundable Recital video fee is required for each family participating in our annual recital in June. Each family will receive a video and/or digital download of ONE show/recital. If family wants a video/digital download of MORE than one show/performance, an EXTRA \$25 per show/performance will be applied to their account.

Initial _____

Make-up Classes

I acknowledge that my tuition is to be paid in full and will not change regardless of attendance, studio closing, or in cases where there are 5 class meetings in a month. I can schedule a make-up class via email or phone (approved make-up classes are unlimited and do not expire for the current year).

Initial _____

Show Dates

I acknowledge that VSPAC reserves the right to make changes to the schedule (including weather cancellations), and that Recital and Competition dates are subject to change.

Initial _____

Food/Drink Policy

I acknowledge there are absolutely NO FOOD OR BEVERAGES (except bottled water) allowed anywhere in our center. Please ensure that your child has their water bottles labeled with their full name. They will be required to bring them home for disposal.

Initial _____

Cell Phone Policy

NO CELLPHONES ARE PERMITTED ANYWHERE IN OUR FACILITY. Cellphones must be kept in the students' bags and can only be used for emergencies to contact a parent

Initial _____

Legal Agreement

I recognize that there are certain inherent risks associated with the activities of dance, gymnastics, or the like, and I assume full responsibility for personal injury to myself and my family members, and further release and discharge VSPAC for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of VSPAC.

Initial _____

Legal Agreement

I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by VSPAC, or the employees, representatives, or agents of VSPAC.

Initial _____

Competition Team Policies

(Applies Only to Those Students on Competition Teams)

I recognize that participation on a Competition Team is a serious commitment, and I will do my absolute best to ensure my child's attendance is consistently good.

Initial _____

Competition Team Policies

(Applies Only to Those Students on Competition Teams)

I am aware that certain competitions require travel and are subject to change. I accept the responsibility to attend these competitions and arrange my own transportation to and from. Furthermore, VSPAC pledges to do it's very best to select appropriate competitions that do not require excessive travel.

Initial _____

Competition Team Policies

(Applies Only to Those Students on Competition Teams)

I agree to pay group competition entry fees for the first competition we attend upon registration. All other Competition entry fees will be due by November 15th. I recognize that there will be a late fee of \$20 per routine for Entry Fees paid after the due date. Competition Entry Fees are non-refundable unless the Competition is completely canceled. (Competition dates subject to change)

Initial _____

Competition Team Policies

(Applies Only to Those Students on Competition Teams)

I understand that I must purchase a non-refundable costume for each Competition Team to which I am registered and a Team Uniform (\$100). A non-refundable costume deposit of \$50 per team is due by November 1st. I am aware that I will incur a late fee of \$10 per class if payment is received after the due date.

Initial _____

COVID-19 Policies

1. By taking in studio/in person classes at the Vicky Simegiatos Performing Arts Center (VSPAC), you voluntarily assume all risks related to exposure to COVID-19.
2. By entering VSPAC's building, you are confirming that you and your child/children are not experiencing any of the following symptoms of COVID-19 identified by the Centers for Disease Control and Prevention at CDC.gov, including Fever or chills; Cough; Shortness of breath or difficulty breathing; Fatigue; Muscle or body aches; Headache; New loss of taste or smell; Sore throat; Congestion or runny nose; Nausea or vomiting; Diarrhea.
3. By entering VSPAC's building, you are confirming that you and your child are not under any self-quarantine orders.
4. Students and parents who cannot confirm all the above criteria must not enter VSPAC's building.
Initial _____
5. VSPAC's waiting room will be CLOSED until further notice for parents of students 6 years old & over. Student drop off and pick up only. Students are allowed to wait in our Student Lobby in between their classes if they have breaks.
Initial _____
6. Students must be dropped off and picked up on time since they will be exiting the building immediately after their class is finished.
Initial _____
7. Only ONE parent is allowed in the dance studio with their child during Mommy & Me classes. NO parents are allowed in the dance studio with their child during Preschool classes as well as all other classes. If your child is 5 years old or under, then ONE parent/guardian will be allowed to wait in the waiting room.
Initial _____
8. All students taking Ballet and/or Pointe classes will be required to purchase and use our signature "Barre Wrap" for all ballet classes. The Barre Wrap easily attaches and removes from the barres and are easy to clean and store.
Initial _____
9. Students will proceed up the stairs and remove their shoes before entering our facility and place their shoes in the designated area. Please have your child dressed for class prior to arrival and clothing/jackets that can fit in their bag. Our dressing rooms will be closed until further notice.
Initial _____
10. Please read the following VSPAC ACRO Safety Protocol: Students' safety is paramount, and the Acro teacher should not be restricted from spotting any Acro student, if necessary, to protect the student from injury. I am aware that the Acro teacher will put her hands on my child to help her/him with an acrobatic move, so they are protected from getting injured. As with any activity, injuries can still occur at any point regardless of if the teacher is spotting the child or not.
By signing this document, I give full consent to the Acro teacher to spot my child as per the new Acro Protocol and I assume all risks involved by my child taking Acro classes.
Initial _____
11. If a VSPAC student, teacher, or staff member tests positive or exhibits symptoms of COVID-19, they must email us to inform us.
Initial _____
12. By taking in studio/in person classes at VSPAC, you acknowledge that you understand and will abide by the above health-and-safety requirements.
Initial _____

Signature: _____ Date: _____

Print Name: _____