

Dance Reflections Parent / Teacher Agreement

Tuition Payment & Policy Acknowledgement (rev. 07/2010):

detailed Tuition Information can also be found on our website: dancereflections.net

- ❖ I am aware that Monthly tuition payments are due by the **FIRST DAY** of each month and **no later than** the close of business on the **EIGHTH**. Semester tuition payments are due by the **FIRST DAY** of September & January. Yearly tuition payments are due by the **FIRST DAY** of September and. I acknowledge that a \$10.00 late fee will be incurred for any payment made after the **EIGHTH**. I acknowledge that any exceptions to the tuition payment/ late fee policy will be made on a case-by-case basis.
- ❖ I understand that checks dated for the 8th but received by the front office staff at any time thereafter will be considered late and the \$10.00 charge will apply.
- ❖ I understand that business hours are clearly posted to the right of the front door and that there is **not** an externally accessible drop slot for tuition payments. The only drop slot is located inside the studio lobby on the office door.
- ❖ I am aware that I must give a 30-day written notice of intent to drop a class in addition to the ending months tuition payment in full. This will cease billing on my account. Should a 30-day notice not be given and four (4) consecutive classes missed, you will still be considered an active and paying member of Dance Reflections and will therefore be responsible for charges on your account. Credit/Debit cards on file will be charged for final charges if unpaid.
- ❖ I am aware that a class may be cancelled, altered, or combined at any time and without prior notification. In the absence of the regular instructor, a substitute teacher will be provided. *Refunds will only be given if Dance Reflections cancels a class due to low enrollment.*

Medical Release Information:

- ❖ I am aware that Dance Reflections takes every precaution to assure my child's safety. However, if an accident should occur and I cannot be notified, I authorize Dance Reflections to seek emergency medical treatment at my own expense. I **will not** hold Dance Reflections or any of its staff members liable.
- ❖ I understand that the staff of Dance Reflections **is not** responsible for any accidents taking place in the lobby, restroom or directly outside the storefront. A copy of the **studio safety requirements** is posted on the lobby bulletin board and on each danceroom door to serve as a "safety reminder".
- ❖ I have read and fully understand all of the above written statements as told to me both written and verbally by Dance Reflections Staff.

Parent or Guardian Signature

Today's Date

Please Print Name