**St. Albans Studio of Dance, LLC.**

**Terms and Regulations/Parental Agreement**

**Please read carefully and fully and initial at the end of each rule or regulation. Thank you.**

1) Payments are to be made per the payment schedule given at the beginning of the year. A late payment fee of ***$5.00*** ***PER WEEK*** will be applied to all payments made after the payment schedule unless PRIOR arrangements are made with Miss Jamie. NO EXCEPTIONS please. All Students MUST have credit card on file. \_\_\_\_\_\_

2) If **you** miss class there is no make-up and no deduction in price. If **we** miss a class, there will be either a make-up or deduction in price. **Recital fees are non-refundable as are monthly payments for withdrawal for any reason. \_\_\_\_\_\_\_**

3) **If you miss more than three weeks in a row without payment your spot will be forfeited**. You will need to pay all late charges and fees incurred in full before continuing with the class. Spots are reserved specifically, and we must turn away children due to full classes…as a business we operate on monthly payments and will have to fill the vacant spot after three weeks. \_\_\_\_\_\_\_

4) We DO NOT observe Kanawha County School Snow Day policy. We will notify you if we are taking a holiday off ahead of time. \_\_\_\_\_\_\_

5) Release of photos: We reserve the right to take photos using them for promotions and advertisements. If you choose not to allow us to do so please mark this clearly out on this form and initial it. \_\_\_\_\_\_

At any time no legal action will be taken for use of photographs if you choose to allow us to use them. Make very clear you wish for us NOT to use them at registration.

6) **Costumes disclaimer:** All costumes are ordered with your child’s size. We cannot guarantee they are perfect. Alterations may have to be made at the parent’s expense. No costumes/uniforms etc. will be handed out without payment being made in FULL. ***No exceptions***. We will notify you ahead of time for the amount due. \_\_\_\_\_\_\_\_

7) Lice are a problem all schools have, and we require you to keep your child home if your child should be exposed. We cannot have ANY child that is diagnosed in class until full treatment. \_\_\_\_\_\_\_

8) If you should choose to withdraw from lessons, please note you must give one month notice with payment. If you have already purchased costumes, they are your responsibility we cannot buy them back but we will do our best to sell them for you but there is no guarantee. We do not give refunds for early withdrawal. \_\_\_\_\_\_\_\_

**9) Please do not arrive more than 15 minutes early to class and do not leave your child in the waiting room alone. You may leave when the class begins and please arrives to pick them up on time. We are NOT responsible for children left in the waiting area. NO Food in waiting area. NO Food or Drink in Class, please do not ask, unless there is a specific medical necessity. They may bring bottles of water for class with closing lids. \_\_\_\_\_\_\_\_**

11) You understand that we will ask students to participate or perform any action they do not agree to and will not be held liable for by actions at any time. At no time will legal action be taken by parent/guardian for these matters. You understand the risks and we have been certified by the WVSSAC and completed training in tumbling and dancing. \_\_\_\_\_\_\_\_

12) Positive behavior from a dancer and/or their parents is expected in the waiting areas, dance rooms and any dance function. “Bullying” will not be tolerated at any time at the studio, functions, performance, social media or in class. The person causing the disturbance will be asked to leave the premises. This is all to ensure the positive environment and image of St. Albans Studio of Dance, LLC. We want every child to be happy, to dance as they are our stars, with a secure happy environment.

Name: Date:

Updated 8/6/2025 JTW

**SASD Student Information**

**$25 plus tax registration fee due at sign up with payment**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person responsible for paying fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Billing Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Release and Policy Acceptance (please initial)**

\_\_\_ I/we understand the Studio Policies \_\_\_ I/we understand my billing obligations

\_\_\_ I/we understand the risks related to dance \_\_\_ I/we understand my responsibilities for my property

\_\_\_ I/we understand the dress code \_\_\_ I/we understand the schedule

\_\_\_ I/we give media use rights permission \_\_\_ I/we understand the attendance policy

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature / Responsible Party\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Classes**

|  |  |  |
| --- | --- | --- |
| Class Name | Meeting Date(s) / Time | Fees / Minutes |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Registration Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recital Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Costume Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discounts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Monthly Tuition** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical**

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your child require any special medical attention during a normal class: (yes/no) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes – Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission to run my credit card for payments \_\_\_\_\_\_

Recital Fees\_\_\_\_\_\_

Costumes \_\_\_\_\_\_

Credit Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Exp date\_\_\_\_\_\_\_\_

Cvc Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will pay via Check/cash and understand if my payment is late I will have a credit card on file to run in that situation. \_\_\_\_\_\_\_\_\_