

DANCE ACADEMY PAYMENT FORM 2020-2021

Complete only 1 of these forms per household.
Call The Arts Castle at (740)369.2787 or email khenning.artscastle@gmail.com with questions.

Parent/Guardian Name(s): _____ *Email: _____ Phone: _____

*This email address will be the primary method of contacting you about Dance Academy information such as performances, schedule changes, and other business. We will not share your email address.

STUDENT NAME	AGE	CLASS Name, Day of week	DURATION	MONTHLY FEE Refer to chart	MONTHLY INSTALLMENTS Yearly Total: Monthly fee x 9	OR PRE-PAY FOR YEAR Yearly Total: Monthly fee x 9 x 0.9	RECITAL FEE: \$65/class before 9/30 \$75/class 10/1 – 11/17	TOTAL ENCLOSED: If planning to pay for year, first month payment with NO discount is still due at registration.

FEE CHART

Pay for the year by 9/30 and receive 10% off!

DANCE ACADEMY CLASS FEES

60 minutes	\$59
45 minutes	\$50
30 minutes	\$42

DISCOUNTS

1st Class	Full Price
2nd Class	\$5 OFF
3+ Classes	\$10 OFF

DISCOUNT	
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TOTAL FEES DUE PER MONTH	TOTAL CLASS FEES DUE FOR YEAR	Total Recital Fees Due	Total Enclosed
			Balance Still Due

Payment Plan

_____ **Automatic Monthly Installment Payment Plan:** I authorize The Arts Castle to charge my debit/credit card listed below \$_____ during the first week of the month. Recital fees, if any, will be charged with the first month's payment.

_____ **9 Monthly Installment Payment Plan:** I choose to pay \$_____ by the first of the month from September 2020 through May 2021. I understand that failure to pay by the 10th of the month will result in a \$10 late fee, and failure to pay by the end of the month may result in disenrollment from the class(es).

_____ **Pre-Pay for the Year:** I choose to pay \$_____ by September 30. **Choose this option and receive 10% off class fees.**

Payment Information

_____ Cash _____ Check (payable to The Arts Castle) _____ Visa/MasterCard/American Express

Credit Card Information

Credit/Debit Card Number: _____ Exp. Date _____ CVC code _____ Signature _____



Dance Academy Health/Permission 2020-2021

One per student. Please print clearly. Adults over 18 years should complete starred items. Return to The Arts Castle (190 W. Winter St., Delaware, OH 43015) with payment. Call (740)369-2787 or email khenning.artscastle@gmail.com with questions.

*Name of Student _____ Age _____ Grade _____

Parent/Guardian's Name _____

*Home Address _____

*City/State/Zip _____

*Email _____

*Primary Phone _____

*Alternate Phone _____

List one other adult who may be contacted in case of emergency:

Name	Address	Phone	Relationship
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***MEDICAL CONDITIONS:** So that we may better assist you/your child and also in case of emergency, please list allergies, dietary restrictions, medical conditions, medications being taken, physical impairments, and/or special needs, if any (attach a separate sheet of paper if needed): _____

EPI-PENS, INSULIN KITS & INHALERS: If students typically keep these medications with them at school, then students should keep these medications with them while in class.

***EMERGENCY MEDICAL AUTHORIZATION:** In the event reasonable attempts to contact me or another authorized person listed above have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary and/or the transfer of myself/my child to any hospital reasonably accessible. In the event that a medical history needs to be obtained, the following are my/my child's usual caregivers:

Physician _____ Phone _____

Dentist _____ Phone _____

Student Name _____ Parent/Guardian Signature _____ Date _____

***PARTICIPANT WAIVER:** In return for acceptance of my/my child's registration for class, I, for myself, my executor, administrators and assigns, hereby release and discharge the Delaware County Cultural Arts Center (The Arts Castle), their agents and employees for any and all claims for damages, actions, demands, and injuries arising out of any participation in this class, whether they arise at The Arts Castle, out of travel between The Arts Castle and any off-site location, or at any offsite location while participating in the program. I have full knowledge of all risks involved in my/my child's participation in the class. Also, I hereby grant and give this organization and its partner organizations the right to use my/my child's photograph and/or video image with or without my/my child's name, both singly and in conjunction with other persons or objects, for any and all purposes including, but not limited to, private or public presentations, advertising, publicity, and promotion.

Student Name _____ Parent/Guardian Signature _____ Date _____