

# Children's Visions Dance

Student Name:		Age:
Birth Date:		
Parent's Name:		
Email:		
Cell Phone:	Home Phone:	
Address:		
Experience Level:		
Scheduling Comments:		

## Dance Fees

### Semester Fees \* (Sept-Dec & Jan-March):

- |                              |                          |                             |
|------------------------------|--------------------------|-----------------------------|
| ● One 45 minute class a week | \$155/\$145 a semester** | Creative                    |
| ● One hour a week            | \$165/\$150 a semester** | Creative                    |
| ● One hour a week            | \$165/\$150 a semester** | Ballet                      |
| ● One hour a week            | \$165/\$150 a semester** | Hip Hop                     |
| ● One hour a week            | \$165/\$150 a semester** | Song & Dance                |
| ● Two hours a week           | \$265/\$255 a semester** | Creative & Ballet           |
| ● One & half hour            | \$195/\$185 a semester** | Contemporary Dance          |
| ● Two hours & half a week    | \$325/\$295 a semester** | Contemporary & Desert Dance |

\*\* Family Rates: 2 or more children

Students will perform and share in December and in March

PROGRAM RUNS SEPT - MARCH/APRIL

**Families can pay semester or yearly**

**COSTUME RENTAL: 1 Dance Class – Costume Fee \$25      2 Dance Classes – Costume Fee \$50.**

**REGISTRATION: Fill out this registration form and send in along with a non-refundable \$40 registration fee, plus \$25 costume rental fee for 1 class or \$50 costume rental fee for 2 classes.**

**MAIL TO: \_\_\_\_\_ Children's Visions 667 W. 350 N. Spanish Fork, Ut. 84660.**

### **Liability Form (Must be completed by Parent/Guardian)**

I hereby consent that (child's name) \_\_\_\_\_ may participate in dance lessons at the dance facility located at 667 W. 350 N.. I also acknowledge that the Children's Visions & Teen Creative Dance program, director or teachers will not be held responsible in any way for injuries, illness, accidents, or any other problems that could arise as a participant in this program.

**Signature of Parent/  
Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_