

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 | \$150/\$140 a semester** | Creative |
| • One hour a week | \$160/\$150 a semester** | Creative |
| • One hour & half a week | \$195/\$185 a semester** | Creative |
| • One hour a week | \$160/\$150 a semester** | Ballet |
| • One hour a week | \$160/\$150 a semester** | Hip Hop |
| • One hour a week | \$160/\$150 a semester** | Song & Dance |
| • Two hours a week | \$265/\$255 a semester** | Creative & Ballet |
| • Two hours & half a week | \$295/\$285 a semester** | Contemporary & Ballet |
| • Two hours & half a week | \$295/\$285 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 _____