

Elizabeth Parsons School of Dance  
Home of the Community Dance Theatre and Windermere Ballet  
116 West 6<sup>th</sup> Avenue  
Windermere, FL 34786  
407-876-4604 Email: [epsod.dance@gmail.com](mailto:epsod.dance@gmail.com)  
FAX 407-876-0466 [www.elizabethparsonsschoolofdance.com](http://www.elizabethparsonsschoolofdance.com)

## **Registration Packet 2011-2012**

**Pre-registration fee (April 25-June 9): \$25 for returning students only**  
**Regular registration fee (After June 9): \$32 (For all *new & returning students*)**

Attached is your placement form for the 2011-2012 season. Complete and return to the Elizabeth Parsons School of Dance. This will assure you of class placement this fall. Registration is for a ten month dance season, which runs from August 29, 2011 through June 17, 2012. **A NON-REFUNDABLE, annual Registration Fee of \$25.00 per RETURNING student and FIRST MONTH'S TUITION must be sent with the registration form in order to reserve a space in class. The student's first month of tuition MUST BE PAID before he/she can attend class. Please make checks payable to the Elizabeth Parsons School of Dance (or EPSOD for short). **Forms received AFTER June 9, 2011 are charged a \$32 Registration Fee (NON-REFUNDABLE) for all students registering.****

Please submit the following information to complete your dancer's registration:

- Registration Form (fill out front and back of form)
- Dancer Waiver and Release
- Payment – Registration Fee, plus first month's tuition (cash or check only; no credit cards accepted)

Below are some important Registration Rules and Policies. Please read both sides carefully. You may keep this page for your reference.

### **TUITION:**

Tuition fees are calculated for our 10-month dance season and are NOT based on lessons per month. Missed classes can only be made up the first semester of the season (August-December), within one month of the initial absence. Nevertheless, **NO MAKE-UPS WILL BE ALLOWED DURING PARENT OBSERVATION WEEK.** A flat tuition fee is paid monthly to hold a student's place in a class or classes, and **tuition must be paid regardless of the students' attendance each month.** Tuition covers a space in a class, so please do not ask for a reduction if your child is absent during the month. No refunds will be given. **ALL TUITION PAYMENTS ARE DUE THE 1<sup>st</sup> OF EACH MONTH, and TUITION IS LATE ON THE 11<sup>TH</sup> OF EACH MONTH.** A 9-day courtesy grace period is granted to allow for receipt of tuition. Therefore, on the 11<sup>th</sup> day of each month, **a Non-Refundable \$15 late fee will be applied to all student accounts for which payment has not been received INTO THE STUDIO BY the 10<sup>th</sup> OF THE MONTH.** A \$22 NON-REFUNDABLE Insufficient Funds Fee will apply to all returned checks.

**PLEASE NOTE: In order to receive recital costumes your child's April AND May tuition (and all other fees) must be paid in full in April.**

## RECITAL AND COSTUME FEES:

The Recital Costume Fee for FDS 1, FDS 2, and Ballet/Tap classes is \$62 each. All other classes are \$67 each (except Pointe, FDS 3 ½, Mom & Me, Ballet Study, and Workshop classes, which do not participate in the recital.) The Recital Fee is \$30 per family. Costume and Recital Fees must be paid by NOVEMBER 1, 2011, and is **NON-REFUNDABLE and NON-TRANSFERRABLE (cannot apply to tuition).**

## CLASS RATES:

1 hour/week: \$47 month	1 ½ hours/ week: \$66 month	2 hours/week: \$83 month	2 ½ hours/week: \$96 month	3 hours/week: \$118 month
3 ½ hours/ week: \$125 month	4 hours/week: \$135 month	4 ½ hours/ week \$149 month	5 hours/week: \$171 month	5 ½ hours/ week \$181 month

- All Fundamental Dance Styles (FDS) 1 classes will be 45 minutes @ \$47 per month.
- Choreography Performance class- \$40 for ALL Companies. Charged beginning in September.
- Adult Tap Class \$100 for 10 classes + registration fee (No refunds will be issued for missed classes. Tap card issued with payment of 10 tap classes is good for the 2011-2012 season only.)
- Private lesson (1/2 hour) \$40.00 (1 hour); \$60.00 (For Competition rates, inquire at the studio)  
Private instruction is available at the discretion of the Director and Teacher.

## WITHDRAWAL:

To withdraw your student, the school director must be told immediately **IN WRITING** (email is sufficient) prior to the 1<sup>st</sup> of the month. **Students are held responsible for payment as long as no withdrawal notification has been received and confirmed by the studio.**

My signature on the registration form confirms that I have read the above **Registration Rules and Policies** and know that I am responsible for payment as described and understand that **full tuition is due regardless of number of classes attended, and that I may pay in advance in whichever fashion is most convenient for me.** By signing the front of this form, I agree to abide by all of the above policies, and am confirming my student's placement in dance class(es) for the 2011-2012 dance season.

Please read all the above carefully and if you have any questions please do not hesitate to call the studio office at 407-876-4604.

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OFFICE USE ONLY:

Account # \_\_\_\_\_

Family # \_\_\_\_\_

### DANCER REGISTRATION 2011-2012

Registration Date \_\_\_\_\_  Returning Student  New Student

Dancer's Name (First, Last) \_\_\_\_\_

Nickname \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_

Parent/Guardian(s) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home # \_\_\_\_\_ Dancer email \_\_\_\_\_

Mom Cell/Wk # \_\_\_\_\_ Mom email \_\_\_\_\_

Dad Cell/Wk # \_\_\_\_\_ Dad email \_\_\_\_\_

Allergies/Special Concerns \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

(Your signature confirms you have read our Registration Rules & Policies on the previous page.)

Please indicate the classes that you would like to register for below. Please note that all dancers are placed according to age, evaluation, and/or experience.

- Ballet or Ballet/Tap Combo (ages 3 ½ and up)
- Tap (ages 8 & up)
- Theatre Dance or Jazz (ages 7 & up) – must also enroll in Ballet
- Modern (ages 9 & up) – must also enroll in Ballet Tech classes & have Director approval
- Acrobatics or Tumbling (ages 7 & up) – must also enroll in Ballet
- Hip Hop (ages 8 & up)
- Dance Company – must also enroll in Ballet Tech classes, Jazz, and Tap OR Modern, attend audition, AND be accepted as a Company Member
- Adult Tap
- Special Workshop: \_\_\_\_\_

Please fill out the information below as it helps us build our schedule based on our dancer's needs. \*Requests are taken into consideration, but are NOT GUARANTEED.

Dancer's Academic School Name \_\_\_\_\_

Circle one: Elementary / Middle / High Grade level \_\_\_\_\_

Dismissal Time (M, T, Th, F) \_\_\_\_\_ Dismissal Time (W) \_\_\_\_\_

What is the earliest you can arrive at studio? (M, T, Th, F) \_\_\_\_\_ (W) \_\_\_\_\_

\*Are there any **days** that are impossible? If so, please list: \_\_\_\_\_

\*Additional scheduling notes: \_\_\_\_\_

Over, please \_\_\_\_\_ →

Dancer's Name (First, Last) \_\_\_\_\_

**Returning EPSOD Students – Please list your 2010-2011 Schedule below:**

Class	Level	Day/Time	Teacher
Ballet			
Tap			
Jazz			
Modern			
Acro / Tumbling			
Hip Hop			
Dance Company			

Returning Ballet Tech Students: Are you on Pointe? YES NO

**New Students – Please list your previous experience below. If no experience, write NONE.**

Class	Hours per Week	# of Years	Name of Studio (If not in the Orlando area, please list city & state)
Ballet			
Pointe			
Tap			
Jazz			
Modern			
Acro / Tumbling			
Hip Hop			
Dance Company			
Other _____			

New Students: How did you hear about our studio?

\_\_\_ Internet \_\_\_ Phone Book \_\_\_ Driving By

\_\_\_ Referral – Who? \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

If you have any special talents that our studio could benefit from, please list them here(artist, wood work, etc.) \_\_\_\_\_

OFFICE USE ONLY:		
Date paid _____	Total Amount \$ _____	Check # _____ or CASH
Additional Info _____		

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**Dancer Release Form  
2011-2012**

CONSENT, WAIVER, AND RELEASE

**Parents: Please read, print information, sign your name, and return to studio office upon registering.**

For and in consideration of benefits to be derived from the furtherance of the educational programs of the Elizabeth Parsons School of Dance (I) (We), the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, a student entered in the Elizabeth  
(print dancer's name here)

Parsons School of Dance, its agents, employees, or authorized representatives, give consent to said studio to take photographs, motion pictures, voice recordings, or video tapes of said student, and do further consent to the publication, circulation, and dissemination of said photographs, motion pictures, voice recordings, or video tapes for any duplication, website use, or facsimile transmissions for any ethical purposes it deems proper.

In granting such permission (I), (We) hereby relinquish to the Elizabeth Parsons School of Dance all rights, titles, and interest that (I) (We) may have concerning the finished pictures and/or images, negatives, reproductions, or copies and further waive any and all rights to approve the use of such photographs, voice recordings, motion pictures, or video tapes, and further do waive any right to compensation for the publication or other use of said photographs, voice recordings, motion pictures, or video tapes. As such, the Elizabeth Parsons School of Dance and its agents, licensees, and representatives are released from liability and any and all claims of any nature whatsoever arising from their use.

In addition, the Elizabeth Parsons School of dance is not to be held responsible or liable for any accident that may occur while your child is in their dancing class or on school premises. Moreover, each child should be covered by medical/accident insurance as the studio will not provide this protection in the event of an accident. By signing this waiver, consent, and release form, you certify that you accept and agree to these terms.

**\*PLEASE PRINT!**

Parent/Guardian Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(Number/Street) (City) (State) (Zip code)

Signature \_\_\_\_\_ Date \_\_\_\_\_