

**Studio of the Dance Arts  
63 Fall St.  
Seneca Falls, NY 13148  
315 568-8269**

Hello everyone!

It is **REGISTRATION TIME!!**

Dance classes will begin on **Monday, September 9<sup>th</sup>**. To assure your spot in class, please return your **Registration Papers** with your **Registration Fee**. Classes are filled on a first come first serve basis and many Classes fill up quickly!

Please list the class/classes that you have selected in the space provided below. Feel free to call me if you have any questions.

**I will be At the Studio for Registration on Monday, August the 12<sup>th</sup> from 3:00 to 7:00 PM. Please feel free to stop by to drop off your paperwork and to bring a friend who is interested in joining. This is also a great time to look through the donated dance shoes!**

*I can't wait to see everyone!*

*Doreen*

**STUDENT'S NAME** \_\_\_\_\_

**CLASS(ES) CHOSEN**

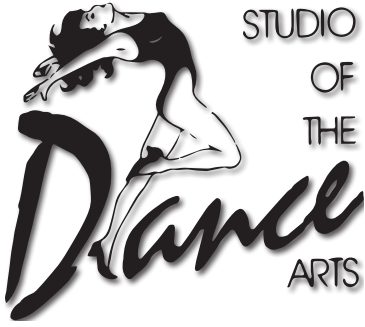
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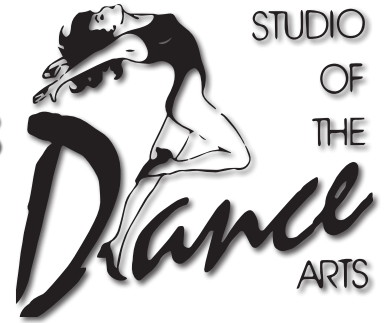
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Seneca Falls, NY 13148  
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## CLASS SCHEDULE FALL 2024 & SPRING 2025

<b>MONDAY</b>	<b>3:30 – 4:15</b> LYRICAL LEVEL 3	<b>4:15 – 4:45</b> BALLET / INTRO TAP PRESCHOOL AGE 3	<b>4:45 – 5:45</b> BALLET / TAP AGES 5 & 6	<b>5:45 – 6:45</b> BALLET LEVELS 3 & 4	<b>6:45 – 7:30</b> LYRICAL LEVEL 4
<b>TUESDAY</b>	<b>3:30 – 4:30</b> JAZZ / TAP LEVEL 3	<b>4:30 – 5:40</b> BALLET / TAP / JAZZ AGES 7 - 9	<b>5:40 – 6:25</b> BALLET TAP PRESCHOOL AGE 4	<b>6:40 – 7:25</b> HIP HOP BEGINNER	
		<b>5:00 – 5:45</b> HIP HOP ADVANCED	<b>5:55 – 6:40</b> BEGINNER ACROBATICS	<b>6:40 – 7:25</b> ADVANCED ACROBATICS	
<b>WEDNESDAY</b>	<b>4:00 – 5:10</b> BALLET / TAP / JAZZ AGES 7 - 9	<b>5:10 – 6:10</b> BALLET / TAP AGES 5 & 6	<b>6:10 – 7:10</b> JAZZ / TAP LEVELS 1 & 2	<b>7:10 – 8:10</b> COMPETITION REHEARSAL	
<b>THURSDAY</b>	<b>4:00 – 5:10</b> BALLET / TAP / JAZZ AGES 7 - 9	<b>5:10 – 6:10</b> BALLET LEVELS 1 & 2	<b>6:15 – 7:15</b> JAZZ / TAP LEVEL 4	<b>7:15 – 8:00</b> MODERN CONTEMPORARY LEVEL 4	

### TUITION

PRESCHOOL AGE 3	\$37.00 / MONTH
PRESCHOOL AGE 4	\$48.00 / MONTH
1 CLASS PER WEEK	\$60.00 / MONTH
2 CLASSES PER WEEK	\$100.00 / MONTH
3 CLASSES PER WEEK	\$140.00 / MONTH
4 CLASSES PER WEEK	\$180.00 / MONTH
UNLIMITED CLASSES	\$195.00 / MONTH

### \*\*ANNUAL REGISTRATION FEE\*\*

*DUE AT THE TIME OF REGISTRATION*

PRE-SCHOOL 3 & 4 - \$35.00  
ALL OTHER CLASSES - \$50.00

THERE IS A \$25.00 FEE  
FOR ALL RETURNED CHECKS

WE OFFER MULTI-CLASS AND FAMILY DISCOUNTS  
PLEASE CONTACT US WITH YOUR QUESTIONS

[www.StudioOfTheDanceArts.com](http://www.StudioOfTheDanceArts.com)



**STUDIO OF THE DANCE ARTS  
63 FALL ST,  
SENECA FALLS, NY 13148**

**POLICIES**

1. **PAYMENTS:** Registration fee and the first month's tuition are due by the first class. All tuition fees, after the initial month, are due by the 1st of the month. Any tuition not paid by the first of the month will be charged a \$10.00 late fee. Checks should be made out to Studio of the Dance Arts. There is a \$25.00 fee for any returned checks.
2. **REFUNDS:** Registration fees and tuition are non-refundable.
3. **MONTHLY TUITION:** The monthly tuition purchases a certain number of classes per month. Make up classes are available. Ask to find out which classes are the best for your child's abilities.
4. **DRESS CODE:** Students must wear; BLACK LEOTARD, PINK OR BLACK TIGHTS OR LEGGINGS, BALLET-PINK BALLET SLIPPERS (LEATHER OR CANVAS) ,TAP-BLACK SHOES (TAN IS ALSO ACCEPTABLE FOR SOME GROUPS), JAZZ-BLACK JAZZ SHOES. HAIR SHOULD BE PULLED BACK FOR ALL CLASSES AND IN A BUN FOR BALLET CLASSES. NO BAGGY SHIRTS, PANTS OR SHORTS ALLOWED!
5. **CODE OF CONDUCT** Students and their families are expected to conduct themselves in a courteous manner at all times. They must respect their instructors, the studio staff and fellow students. Anyone not doing so may be asked to no longer participate in Studio of the Dance arts classes or functions.
6. **CLASSES:** Studio of the Dance Arts reserves the right to cancel or reschedule classes with posted notice or a phone call. Classes are not conducted on some holidays. Please look for the posted notice of these times. In case of bad weather, please check the Studio Facebook page or if in doubt, please call ahead.

**WAIVER AND RELEASE**

In consideration by being allowed to participate in any way in Studio of the Dance Arts dance programs, related events and activities. The undersigned acknowledges, appreciates and agrees that:

1. The participant is in good health and has been cleared by physician to participate in dance activities and if there is any change in this status, Studio of the Dance arts will be notified immediately.
2. The risk of injury from the activities involved in this program is significant and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and
3. I willingly agree to comply with the stated and customary terms, POLICIES and conditions for participation.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Studio of the Dance Arts, it's officers and employees ("releasees"), with respect to any and all injury, disability, death or loss or damage to person or property, unless such injury, disability, death, or loss or damage to persons or property arises from the negligence of the releasees.

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of Parent/Guardian: \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Date signed: \_\_\_\_\_

**STUDIO OF THE DANCE ARTS REGISTRATION CARD**

**STUDENTS NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_

**STUDENTS CELL** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**PARENTS NAMES** \_\_\_\_\_

**PARENTS HOME PHONE** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_