



# Summer 2017 Class Schedule

## Convenient 3-week sessions!

June, July & August

- Session 1: June 13 – June 29
- Session 2: July 11 – July 27
- Session 3: August 8 – August 24

*Pay in full by 5/1/17 and receive 5% off total tuition (per family)*

<b>SCHEDULE</b> <i>(subject to change)</i>	
<i>*Classes w/less than 4 students may need to be removed from the schedule or combined with another class.</i>	
<b>TUESDAYS</b>	<b>THURSDAYS</b>
4:45-5:30 Pre-School (ages 3-5) / Michele 5:30-6:30 Ballet/Tap/Jazz (ages 5-8) / Michele 5:45-6:30 Jazz/Hip Hop (ages 8-12) / Sarah/Rachel 6:30-7:30 Ballet & Variations (ages 12+) /Michele 6:30-7:15 Hip Hop Kids (ages 5-8)/Sarah/Rachel 7:30-8:15 Stretch/Conditioning (ages 12+)/Michele	5:00-5:45 Ballet Technique (ages 8-12) / Michele 5:45-6:30 Acrobatics/Tumbling (ages 8+)/Sarah 5:45-6:30 Teen Jazz (ages 12+) / Rachel 6:30-7:15 Lyrical/Contemporary (ages 8-12) / Sarah 6:30-7:30 Jazz/Hip Hop ( <b>Adult Beginner!</b> ) / Rachel 7:15-8:00 Modern/Contemporary (ages 12+) / Sarah

## Tuition

*\*Tuition may not be pro-rated \**

### Rates are Per Session

1 class	\$50
2 classes	\$90
3 classes	\$135
4 + classes	\$180

Contact [info@rachelparkdance.com](mailto:info@rachelparkdance.com) or call 508-946-2380 to reserve your spot now!

Register On-Line @ [www.rachelparkdance.com](http://www.rachelparkdance.com)



# Summer Dance 2017 Registration Form

\*Please return with full payment to: RPDC, P.O. Box 694, Middleboro, MA 02346 or call the office 508-946-2380.  
Checks payable to: Rachel Park Dance Center. (Please do not send cash.) You may also register on-line at [www.rachelparkdance.com](http://www.rachelparkdance.com)

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent Name \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Dance Experience, if any \_\_\_\_\_

**Please indicate which session(s) you are registering for and list your class choice(s):**

June 13 – June 29

- |           |           |
|-----------|-----------|
| Tuesdays: | Thursday: |
| 1) _____  | 1) _____  |
| 2) _____  | 2) _____  |
| 3) _____  | 3) _____  |

July 11 – July 27

- |          |           |
|----------|-----------|
| Tuesday: | Thursday: |
| 1) _____ | 1) _____  |
| 2) _____ | 2) _____  |
| 3) _____ | 3) _____  |

August 8 – August 24

- |          |           |
|----------|-----------|
| Tuesday: | Thursday: |
| 1) _____ | 1) _____  |
| 2) _____ | 2) _____  |
| 3) _____ | 3) _____  |

**Cancellations:** Refunds (minus a \$10 cancellation fee) will only be given if you cancel more than 2 weeks before each session. Summer sessions are subject to additions/deletions/changes. Rachel Park Dance Center reserves the right to cancel or combine a class/session at any time (due to insufficient enrollment.) In the unlikely event that this occurs, registration fees will be refunded in full and we will do our best to contact you at least 1-2 weeks prior to cancellation.

**Agreement/Waiver:** I understand that from time to time, students from the Rachel Park Dance Center will have their photos taken, or a video will be made and these photos or videos may be used for appropriate marketing. I accept this and authorize the Rachel Park Dance Center and its owners, instructors, hired photographers and videographers to photograph or video me/my child during classes. I acknowledge that there is a potential for injury with participation in dance just as in any sport, which includes all classes at the Rachel Park Dance Center; and, while the Rachel Park Dance Center, its owners directors and instructors will make every reasonable effort to eliminate potential for injury, such injury may still occur. I understand this risk and agree to hold the Rachel Park Dance Center, its owners, directors and instructors harmless from any and all liability connected with any injury arising out of participation in classes at or associated with the Rachel Park Dance Center.

Parent/Guardian/Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:** Amt Pd \_\_\_\_\_ Date \_\_\_\_\_ Ck# \_\_\_\_\_ Cash \_\_\_\_\_ Staff Initials \_\_\_\_\_ Date Recorded \_\_\_\_\_

\*If paid on-line via Paypal, please indicate here \_\_\_\_\_