

DANCE KALEIDOSCOPE RULES AND POLICIES

It is wonderful to have so many returning students and we would like to welcome our new dancers also. Here is some important information. Please take time to read the following information and sign the attached Emergency Release form. This form needs to be signed and turned in on the **first day of class.**

TUITION

Tuition is due on the first class of each month and remains the same each month. There is no additional charge for extra classes due to longer months and there is no refund for missed classes or holidays. Statements will be sent only to those students with delinquent accounts and will include a \$15.00 late charge. An account is considered delinquent if not paid by the 10th of the month. Please notify the office in advance if you wish to discontinue classes in order to stop tuition charges from accumulating on your account. Financial credit is never given for missed classes, either in advance or after the missed lesson. There is a \$30.00 fee for returned checks. There are no refunds.

****Delinquent statements will be sent by e-mail. Please make sure we have your current e-mail on file.****

Please make checks payable to **Dance Kaleidoscope**. There is a \$35.00 registration fee annually per student and \$80.00 per family (3 or more siblings). Registration fees are non-refundable.

Credit card and ACH payments are accepted with a convenience fee. Automatic monthly payments can be set up through the parent portal.

Tuition fees per student are as follows!

HOURS/WEEK/ PER STUDENT	FEE/MONTH
30 Minutes	\$40.00
45 Minutes	\$65.00
1	\$73.00
1 & 15 Minutes	\$85.00
1 ½	\$95.00
2	\$120.00
2 & 15 Minutes	\$130.00
2 ½	\$135.00
2 & 45 Minutes	\$140.00
3	\$150.00
3 & 15 Minutes	\$155.00
3 ½	\$165.00
3 & 45 Minutes	\$170.00
4	\$175.00
4 ½	\$180.00
4 & 45 Minutes	\$185.00
5	\$190.00
5 ½	\$195.00
6	\$215.00
6 ½	\$235.00
7	\$245.00
7 ½	\$255.00
8 hours & up unlimited	\$280.00

Family discount is 10% of monthly total

ATTENDANCE

There are no refunds for missed classes due to illness or holidays. Make-up classes must be in age-appropriate classes during the same month. **You cannot use missed classes to pay for monthly tuition.**

Individual phone calls will not be made in cases of inclement weather, please call the studio (303)768-8909 for a message to be informed of any cancellations.

YOU MUST GIVE 30 DAY WRITTEN NOTICE TO DISCONTINUE CLASS, OTHERWISE YOU WILL BE CHARGED THE FOLLOWING MONTHS TUITION. Thanks for your cooperation regarding this matter. THERE WILL BE NO EXCEPTIONS.

DROP-OFF AND PICK-UP

Please have your child dropped-off and ready to dance as close to the designated time as possible. Due to other commitments of the Dance K staff, it is important for you to be timely in picking up your dancer. Our parking lot is a busy place. Please use extra caution when dropping your child off and picking them up.

OBSERVATION AND SAFETY

You are always welcome to stay and observe your student. Due to distractions this should be done through our viewing windows unless arranged. Grandparents and visitors are always welcome to join us in the dance rooms. Please keep the waiting rooms **QUIET**. It is very difficult for the dancers to stay focused when noise levels get too high. **SIBLINGS SHOULD REMAIN WITH AND BE SUPERVISED BY PARENTS.** Please don't allow the children to run and play in the other studio or office area.

At Dance Kaleidoscope I have tried to provide a safe, clean, comfortable environment for you and your dancer. I would appreciate your co-operation in maintaining the facility and solicit your help in the proper disposal of trash, (PLEASE NO SOILED DIAPERS), as well as observing **NO FOOD OR DRINK IN THE DANCE AREA.**

Here's to a wonderful year and thank you for giving us the opportunity to share in your child's dance education. PLEASE FEEL FREE TO CONTACT US AT ANYTIME WITH ANY QUESTIONS OR CONCERNS. **PLEASE CALL 303-768-8909 or info@dancekstudio.com.**

DANCE KALEIDOSCOPE INFORMATION/RELEASE FORM

Students Name: _____

Students Age: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zip Code: _____

Phone (HM): _____ (WK): _____

Cell Phone: _____

Yes, can accept text messages

No, cannot accept text messages

**E-Mail: _____

Person to contact in case of emergency:

Name: _____ Phone: _____

Does student have any special health concerns we should be aware of? (Diabetes, Asthma, etc...)

I understand that by allowing my child to participate in this program I am assuming the risk that they may be accidentally injured and I release and discharge Dance Kaleidoscope, their employees, directors and owners from any and all liability for such injury resulting directly or indirectly from such participation. I also understand that I must carry my own health/medical insurance for my dancer. I also give permission for Dance Kaleidoscope to obtain medical attention for my dancer should injury occur.

Signature _____ Date _____

I have also read and will comply with the attached RULES AND POLICIES information sheet.

Signature _____ Date _____

I release the use of my child's images, electronic media or still photography, for the purpose of any or all marketing materials for Dance Kaleidoscope.

Signature _____ Date _____