

Division Primary 2 Registration Form 2023-24 Term One | Aug. 14 - Dec. 16 Term Two | Jan. 3 - May 11

Vitacca Vocational School for Dance 9391 Grogans Mill Rd., Ste. B1 The Woodlands, TX 77380 WoodlandsAdmin@VitaccaDance.com

Please complete all requested information and return to Vitacca onsite, by mail or email prior to first day of class.

DANCER'S INFORMATION							
Dancar'a Nama:							
Dancer's Name: Street Address:							_
City:	State:	Zip:	Age:	Birthdate:		Gender:	
School:	Grade:	Home Pl	hone	Dancer C	Cell Phone:		
	PAREN	IT/GUARDIA	AN Respons	ible for Payments	<u>s:</u>		
Mother's Full Name:			Father's	Full Name:			
Mobile Phone: Mobile Phone:							
E-mail: E-mail:							
							_
		EME	RGENCY CONT	ACT			
Name:		Relatio	nship:		Phone #:		
		4005514		DEL E 4 O E			
	Please		<u>IENTS AND I</u>	<u>RELEASE</u> ement and agreemer	ot.		
Vitacca Vocational						focused training enviro	onment;
thus we kindly ask parents	s to not overcrowd th	he school's wait	ting areas and st	ay mindful of noise lev	els within cor	mmon areas.	,
Vitacca Vocational contemporary or modern I			dents wishing to	participate in Vitacca p	erformances	may not take ballet,	
Vitacca Vocational S	School for Dance, W		nts may not part	icipate in performances	s for another	studio in which the stu	ıdent is
performing Ballet, Contem All tuition and fees		(includes paid f	full vear tuition a	and all other fees). (In t	he case of se	erious illness or injury	
exceptions may be made			a y ca.: tac., a			, , , , , , , , , , , , , , , , , , ,	
						be charged until 30 da	ys after
the written notice is received.  Division training co						through May. Month to	month
registration is not allowed	•			, ,			
						ce heightened cleanin nd asymptomatic in so	
measures to reduce the spread of Covid-19. However, Covid-19 has been proven to be highly contagious and asymptomatic in some persons. Therefore, Vitacca Dance cannot guarantee that you or your child(ren) will not become infected with Covid-19. Further,							
attending Vitacca Dance could increase your risk and your child(ren)'s risk of contracting Covid-19. By initialing you acknowledge the contagious nature of Covid-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by Covid-19 by							
attending Vitacca Vocational School for Dance, Woodlands, and Houston locations and that such exposure or infection may result in							
personal injury, illness, permanent disability, and deathI understand as of June 20, 2021, masks will be optional at Vitacca Vocational School for Dance Houston and Woodlands.							
I understand as or	Julie 20, 2021, Illasi				ice i loustoii	and woodiands.	
la accelidantian fo			pation Release				-4-
including but not limited to	travel between site	s or locations ("	'Activities"), I her	reby release, indemnify	ום any and an , and covena	II activities related there ant not to sue Kelly Ani	<sub>3</sub> เ0, ท
Vitacca, Vitacca Vocationa	al School for Dance,	, Houston or Wo	oodlands, and ar	ny associates or employ	yees thereof	("Releasees"), for any	and all
claims, costs and causes from statute, code, ordina					irticipating in	Activities, whether aris	sing
I acknowledge that	Activities I will perfo	orm may be phy	sically strenuous	s. I know of no physica		condition, which would	
or inhibit my full participati falls, breaks, heat stroke,							
knowledge that they may	be hazardous to my	property and m	ne.		-		
						my participation in Ac	tivities
or any event related to that participation. I am aware and understand that I should obtain and review my personal insurance coverage. In signing this release, I acknowledge that I have read and understood the Release, that I am at least eighteen (18) years of age or my							
guardian is at least eighte	en (18) years of age						
In consideration of	good and valuable		Video   Release the receipt of wh		edged, I here	by grant to Vitacca Vo	cational
School for Dance, Woodla	ands, its nominees, o	designees, succ	cessors and assi	gns, or those for whom	n they are act	ting, the absolute right	and
permission to copyright, a in whole or in part, or com							
thereof made at its studios	s or elsewhere, for a	ırt, advertising, l	business or trade	e, news reporting, socia	al media, wel	bsite, or any other law	ful
purpose whatsoever. I her used in connection therew				approve the finished pr	oduct or the	advertising copy that r	nay be
	C 400 to Will						

## Children's Program - Primary 2 (must be 7yrs old by Sept. 1, 2023)

Class Selection:							
	ent, it is highly recommended dancers attend all classes listed below. One ballet class is mandatory. <u>YAPC</u>						
	italicized classes and weekly rehearsals as scheduled.						
☐ Monday 6:00-7:00 Ballet							
☐ Saturday 10:30-11:30 Ballet							
☐ Wednesday 4:30-5:15 Tap/Jazz Combo Class for ages 5-7							
☐ Tuesday 5:15-6:00 Ta	☐ Tuesday 5:15-6:00 Tap (Beg. For 8+)						
☐ Wednesday 5:15-6:00	) Jazz (Beg. For 8+)						
Place an "X" beside OPTION 1 or 2	s) you have selected above you must: below to select your payment plan. It and annual registration fee with this registration form as indicated by your choice of payment plan below.						
Option 1	Amount due at the time of registration (including registration fee):						
Pay in Full	One Class \$1180   Two Classes \$2310   Three Classes \$3440						
	Four Classes \$4500   Five Classes \$5590						
	\$						
	Ψ						
	Amount due at the time of registration One Class \$163   Two Classes \$276   Three Classes \$389						
Option 2	Four Classes \$495   Five Classes \$604						
	includes your registration fee of \$50.00 plus the first of ten installments.						
10 Installments:							
Tuition is divided into 10	Division Pri2 Ballet Installment Amount: One Class \$113   Two Classes \$226   Three Classes \$339						
installments	Four Classes \$445   Five Classes \$554						
	There are 10 installments, the 1st is due with registration and the other 9 installments are due on the first						
	day of the following months: August-May. This is not a monthly tuition. You are committing to the year-round program, which is divided into 10 installments for your convenience.						
	\$ \$						
	Health Information						
Tiodidi ililottidalon							
Please list any allergies:							
Please list additional health inform	ation if necessary:						
required during Vitacca Vocational Classes and Performances. I unde	acca Vocational School for Dance personnel to authorize any minor emergency medical treatment that may be a School for Dance program including: Intensives, Dance Class, Invite Class, Open Class, Rehearsals, Master extrand that I am responsible for all charges because of such care and medical treatment. Name of Participant,						
Parent or Guardian:							
Signature:	Date:						
oignatare.							
	Payment Information						
	•						
	es are NON-REFUNDABLE. I also understand make-ups for missed classes are based on availability. I  on file for my dancer to participate in class. Initial here						
Name on Credit Card:	Card Type: (Amex and Discover <mark>not</mark> accepted)						
	City: State: Zip Code:						
Credit Card Number:	Expiration: Credit Card ID #:						
below and within my registration in account if payment is not otherwise	ool for Dance to make charges to my account on the first of each month for the agreed tuition amounts written formation or if paying by check, I authorize Vitacca Vocational School for Dance to make charges to this e received within three days of due date, including a \$30 late fee. An NSF fee of \$25 will be applied to all ide with a credit card incur an additional 1% fee (except for tuition payments).						
	od and charges:  n full + \$50 registration fee of \$  charged on credit card stated above on the 1st of the month						
	onarged on order date dates above on the lot of the ment.						

Signature: \_