DEBBIE'S DANCE COMPANY 11570 San Jose Blvd., Suite 10 Jacksonville, FL 32223 904/268-1410

www.debbiesdanceco.com

Dear Parents:

August, 2020

The staff at Debbie's Dance Company is very excited to begin classes during Extended Day at Cunningham Creek Elementary. <u>CLASSES WILL BEGIN MONDAY SEPTEMBER 14th.</u> We will be offering classes in Jazz/Cheerleading on Mondays @ 3:00 pm and Ballet Mondays @ 4:00 pm

Class fees are \$12.00 per class. Classes will continue all year with a payment due every 10 or 11 weeks. All Payments can be turned into the Dance Teacher, extended Day or for your convenience we also accept debit and credit cards on our website by clicking the make a payment widget or call us with your credit card information between 5-8pm

PAYMENT SCHEDULE: (MONDAY CLASSES)

\$132.00 DUE 9/14: FOR 9/14, 9/21, 9/28, 10/5, 10/12, 10/19, 10/26, 11/2, 11/9, 11/16, 11/23 \$132.00 DUE 11/30: FOR 11/30, 12/7, 12/14, 1/4, 1/11, 1/25, 2/1, 2/8, 2/22, 3/1, 3/8, \$132.00 DUE 3/15: FOR 3/15, 3/22, 3/29, 4/5, 4/12, 4/19, 4/26, 5/3, 5/10, 5/17, 5/24

We are pleased to offer a recital to showcase your child's dance skills at the end of the year. For this performance, the children will need costumes for each class; a \$59.00 costume fee per class is due $\underline{October 15^{th}}$. The costume fee should be made payable to $\underline{Debbie's Dance Company}$

If your child is not registered for extended day there is a \$25.00 registration fee due: Payable to extended day. Please pay this fee when you register for dance.

or e-mail it to 1	Dancedeb1@aol.com BEF	rm and return it to the Extended Day office at Cunningham Creek FORE Thursday September 10th, 2020 Birthdate:	
Grade:	Extended Day?	Parents' Name:	
Address:	city/Zip:		
Home Phone: phone:		Work Phone:	Cell
E-mail:			
	Please	sign me up for: (circle classes)	and the state of t
	Jazz/Cheerleadina	Ballet	

RELEASE WAIVER AND ASSUMPTON RISK: I HEREBY WAIVE ANY AND ALL RIGHTS FOR DAMAGES THAT I OR MY CHILD MAY HAVE AGAINST Debbie's Dance Company or its employees, or for injuries that my child may sustain while participating in any class at St. Johns County Schools. I further attest that my child is in good health, and is physically fit for the activities we are registered for. By signing below I acknowledge that I have read, understood and accept this Release Waiver and Assumption of Risk

Signature of Parent/Guardian

Date