



**PARENT Name:** Last \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

City / State/ Zip : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent email: \_\_\_\_\_

**Student Name:** \_\_\_\_\_ Birth date: \_\_\_\_\_

School: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about STEPS? \_\_\_\_\_ REFERRAL NAME: \_\_\_\_\_

DAY/TIME	CLASS	TUITION	(Discount)	Net Tuition
1.	_____	\$ _____	NA %	\$ _____
2.	_____	\$ _____	10%	\$ _____
3.	_____	\$ _____	10%	\$ _____
4.	_____	\$ _____	20%	\$ _____
5.	_____	\$ _____	20%	\$ _____
6.	_____	\$ _____	30%	\$ _____
7.	_____	\$ _____	_____ %	\$ _____
8.	_____	\$ _____	_____ %	\$ _____
After School Rate/ School: _____				\$ _____
<b>SUB-TOTAL:</b>				\$ _____
<b>Registration Fee:</b>				<b>\$25.00 per student</b>

*Office Notes: Discounts, Notes and Worksheet*

**TOTAL due today:** \$ \_\_\_\_\_

**Monthly Tuition:** \$ \_\_\_\_\_

**PAYMENT AGREEMENT:**

**Monthly Installment:** I hereby authorize STEPS to charge my account \$ \_\_\_\_\_  
On the 1<sup>st</sup> of each month beginning \_\_\_\_\_, **last payment is May 1<sup>st</sup>, 2018**

\_\_\_\_ Visa \_\_\_\_ Mastercard Name as it appears on card: \_\_\_\_\_

CC# \_\_\_\_\_ Verification Code: \_\_\_\_\_ Expiration: \_\_\_\_\_

Payments are non-refundable or transferable and any late payment incurs a fee \$15.00. Student dancers will not be able to participate in class with **payment 5 days late**. There is a \$25.00 fee for returned check or declined Auto Pay for insufficient funds. There are NO refunds, transfers or credits for any item or service at STEPS. I understand I will be responsible to pay any and all classes that have been received by registered student and pay any outstanding balances of any and all fees owed.

**Withdrawals or transfers must be in writing 30 days in advance, follow the drop/withdraw procedure.**



## **RULE AND POLICIES of STEPS School of Dance 2017-2018**

1) I understand that all Monthly Newsletters will be sent via email, posted at **www.StepsSchoolofdance.com** as well as posted on the bulletin board in the lobby.

**It is my responsibility to make sure I read all information.**

**I will keep STEPS updated on any changes in my email and or mailing address. Initial\_\_\_\_\_**

2) I understand that the instructors determine class placements, and I am willing to support their decisions and selection of class placement. I understand that in order for me or my child to be in a higher-level class, additional training may be necessary in the form of extra classes. I understand that the Artistic Director and Instructors of STEPS will discuss only my or my child's progress and not another students' progress. I should not compare my child to other dancers and I should be supportive and nurturing to the development of Performing Arts at STEPS School of Dance.

3) I explicitly give my consent to STEPS instructors to gently lay their hands on the student for purposes of dance instruction.

4) At no time am I allowed to enter the classroom, as this action will interrupt the class. I understand that if I have an emergency that I need to contact the person at the front desk.

5) I understand that if I have a question of concern regarding the policies or decisions made by the Artistic Director and/or the any Staff Member, I will request a personal appointment with the appropriate party. I understand that I am not allowed to form a group of parents for the purpose of presenting issues or complaints, but that I should address the issue as it affects me or my child individually and privately.

6) As a parent and/or student I understand that a positive attitude and continued support is necessary in order for me or my child to continue the privilege of participating in the STEPS program. I also understand that if I or my child choose to have a negative attitude or cause volatile scenes in any way, I or my child and I will be asked to leave STEPS School of Dance and there will be no refunds, credits or transfers of funds paid.

7) Studio Closing Policy: STEPS follows Pinellas County School closure schedule and will be closed during all major holidays.

8) I understand that there will be no adjustments or credits for missed classes. Make-up classes are your sole responsibility.

9) Minimum Class Size: I understand the minimum class size is 5 students. Fewer students may result in a schedule change.

10) STEPS requires 24 – hour notification from students wishing to cancel scheduled Private, Semi-Private or Private Group Sessions; accounts will be charged the full-session rate for cancellations made less than 24 – hours prior to the scheduled appointment.

11) Withdrawal Policy: I understand that STEPS School of Dance withdrawal policy is as follows: I am committing to installments for tuition through May 2018. If I chose to withdraw prior to that date, a 30-Day Written request must be submitted one month preceding drop date. You are responsible for INSTALLMENTS and any outstanding payments BEFORE you are to withdraw. Withdrawal must be done in person, in writing and at the school office. Withdrawals will not be accepted over the phone, via email or via the teacher.

12) I understand that all class transfers and drops require must follow the Withdrawal Policy and must be approved through the office only. Changes in Auto-Pay are submitted on the 1<sup>st</sup> of the month only and there are no refunds, credits or transfers.

13) I understand that there will be a \$25.00 service charge automatically applied to my account for returned checks or Auto-Pay declined due to NSF. I understand there will be a \$15.00 late fee assessed on any payments on the 2<sup>nd</sup> of the month

14) I give permission for my child to be photographed and videotaped during productions and for STEPS promotional purposes. All rights are retained by STEPS School of Dance.

15) I have read and understand the above rules and policies and I understand that **STEPS School of Dance reserves the right to refuse services to any person who does not support the policies and decisions set forth.**

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Parent Signature

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Parent Name Printed

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Date