



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



Dear Parents:

The staff at Debbie's Dance Company is very excited to begin classes during Extended Day at Durbin Creek Elementary. **CLASSES WILL BEIN TUESDAY AUGUST 27TH.** We will be offering classes in Jazz/Hip-Hop on Tuesdays @ 3:00 pm and Acrobatics on Tuesdays @ 4:00.

Class fees are \$12.00 per class. Classes will continue all year with a payment due every 11 weeks. All Payments can be turned into the Dance Teacher 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: (TUESDAY CLASSES)

\$132.00 DUE 8/27: FOR 8/27, 9/3, 9/10, 9/17, 9/24, 10/1, 10/8, 10/15, 10/22, 10/29, 11/5

\$132.00 DUE 11/12: FOR 11/12, 11/19, 11/26, 12/3, 12/10, 12/17, 1/7, 1/14, 1/28, 2/4, 2/11

\$120.00 DUE 2/18: FOR 2/18, 2/25, 3/3, 3/10, 3/24, 3/31, 4/7, 4/14, 4/28, 5/5

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 October 15th. The costume fee should be made payable to 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.****

Please complete the bottom of this form and e-mail it to Dancedeb1@aol.com BEFORE August 27, 2019

Child's Name: _____ Birthdate: _____

Grade: _____ Extended Day? _____ Parents' Name: _____

Address: _____ City/Zip: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

E-mail: _____ Please Print

Please sign me up for: (circle classes)

Jazz/Hip Hop

ACROBATICS

RELEASE WAIVER AND ASSUMPTION 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