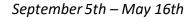




at Wesleyan





Dancer's Name			Age/Birthday	
Parent/Gaurdian				
Mailing Address				
City, State, Zip				
Home Phone	Work	Cell	Dancer if available	
Parent email			Dancer email	
TUITION				
Registration fee:				
_		4)	\$40/school year	
Kinderga	arten – High Sc	hool	\$50/school year	
PK Dance		,	\$50/month	
Kindergarten	•••••		\$60/month	
(Ballet and Tap)				
Grades 1 & 2		•••••	\$65/month	
(Ballet, Tap, and	Jazz)			
Grades 3 & 4	•••••		\$70/month	
(Ballet, Tap and J				
		•••••	\$75/month	
(Ballet, Tap, Jazz	, Modern)			
Total Enclosed	(Registration	and 1st month's	s tuition)	
PERFORMANC	E FEES: See I	Dance Brochure	e	
Payments: Ma *Please put date	-		sleyan Teaching Studios.	
-	-		th's tuition to: Dr. Mike Jarrett, St., High Point, NC 27262	
All fees are consi	dered past due l	ov the 5 th of the	month and subject to a late fee of \$5.00.	

A monthly statement will be emailed to each parent at the end of the month for the following month's tuition payment. Monthly payment can be mailed, dropped in the

payment box located in the Fine Arts building, or left at the Academy office.

I understand and agree to abide by the fees/payment schedule:

2023-2024

PLEASE INDICATE CLASS

Early Ed. Dance

Monday, 3 yr. olds Tuesday, 4 yr. olds 11:45 am – 12:30 pm

Early Ed. Room Number_____

Kindergarten

Tuesday _____2:30-4:00 pm (Ballet and Tap)

First & Second Grade

Thursday 2:30-4:30 pm (Ballet, Tap, Jazz)

Third & Fourth Grade

Monday
____2:30-4:30 pm
(Ballet, Tap, Jazz)

Upper Level (5th gr. and older)

Tuesday
_____4:00-6:00 pm
(Ballet, Tap, Jazz,
Contemporary)

NOTE: Classes need to have a minimum of 6 dancers to commence. Instructor has final decision.

HEALTH INFORMATION

Because dance is a highly physical activity, it is necessary that the following information be provided. Please remember that all information is important and will be considered confidential.

Dancer's name			Date of Birth
Emergency Contac	et 1		
Name	Relationship	Phone 1	Phone 2
Emergency Contac	et 2		
Name	Relationship	Phone 1	Phone 2
List all known alle	_		
•	require emergency measures? No		
List any health con	acerns or conditions:		
List all medication	s currently taken:		
and employees, of connection with conter cause exce employees. In the event of acarrange medical release of health	AIVER an, I release and hold harmless Wesle on behalf of myself and my child, from or arising from an accident, violation of ept the gross negligence or willful miscocident or injury to my child, I hereby go treatment for my child in the event that information including verbal, print, fax PA/HIPPA guidelines, to the appropria	any liability, losses, clair applicable standards of onduct of Wesleyan Edu ive my consent for the Wall cannot be reached. I g, and electronic media, for	ms and expenses in behavior or rules, or any cation Staff, its agents or /EC faculty or staff to give permission for the or the treatment of my
I certify that the	above information is accurate and cor	mplete:	
Signature Parent	/Guardian	Dat	te