



Dance

at Wesleyan

September 3rd – May 15th



Dancer's Name _____ Age/Birthday _____

Parent/Guardian _____

Mailing Address _____

City, State, Zip _____

Home Phone _____ Work _____ Cell _____ Dancer if available _____

Parent email _____ Dancer email _____

TUITION

Registration fee:

Early Ed Dance (ages 3-4)..... \$40/school year

Kindergarten – High School.....\$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 Jazz)

Upper Level.....\$75/month

(Ballet, Tap, Jazz, Modern)

Total Enclosed..... (Registration and 1st month's tuition)..... \$ _____

PERFORMANCE FEES: See Dance Brochure

Payments: Make checks payable to: Wesleyan Teaching Studios.

*Please put dancer's name in memo line.

Return completed form, registration, and 1st month's tuition to: Dr. Mike Jarrett,
Wesleyan Teaching Studios 1917 N. Centennial St., High Point, NC 27262

All fees are considered past due by the 5th 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:

Parent/Guardian Signature _____

2024-2025

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
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Emergency Contact 1

Name	Relationship	Phone 1	Phone 2
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Emergency Contact 2

Name	Relationship	Phone 1	Phone 2
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List all known allergies _____

Do these allergies require emergency measures? No _____ Yes _____

If yes, please describe _____

List any health concerns or conditions: _____

List all medications currently taken: _____

RELEASE & WAIVER

As parent/guardian, I release and hold harmless Wesleyan Education Center (WEC), its trustees, agents and employees, on behalf of myself and my child, from any liability, losses, claims and expenses in connection with or arising from an accident, violation of applicable standards of behavior or rules, or any other cause except the gross negligence or willful misconduct of Wesleyan Education Staff, its agents or employees.

In the event of accident or injury to my child, I hereby give my consent for the WEC faculty or staff to arrange medical treatment for my child in the event that I cannot be reached. I give permission for the release of health information including verbal, print, fax, and electronic media, for the treatment of my child, within FERPA/HIPPA guidelines, to the appropriate WEC personnel and/or attending health care providers.

I certify that the above information is accurate and complete:

Signature Parent/Guardian

Date