

SPA DANCE PROGRAM CONTRACT 2025-2026

1500 Welcher Rd., Newark, NY 14513

www.spadancing.com

315-331-9158

studiofortheperformingarts@yahoo.com



Student Information:

Start Date _____

Last Name _____ First Name _____ DOB ____/____/____

Address: _____ Age as of 9/1/2025 _____

Street Apt City Zip
Home Phone (____) _____ Cell _____

Emergency Contact _____ Relationship _____ Phone _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Parent name & Address (if different from above) _____

Email Address: _____

Print clearly & complete the entire registration form as information changes year to year. Use separate form for each additional family member

Studio for the Performing Arts, Inc. (SPA) Classes start Monday, September 8th, & we take enrollments up to end of April. SPA will complete the year with an end of the year recital in May, for students enrolled by January 31st. We offer pop up workshops for Summer (July/August), & (during dance year), Workshops, Dance Team and/or Ballet Production participation require separate agreements/registration forms.

Our monthly rates are based on a *yearly rate broken into 9-month increments*, regardless of the number of scheduled classes per month. The only exception is – i.e. you start mid-month your 1st monthly rate would be prorated on the start date.

SPA Tuition/ Financial Agreement –our preferred payment method is Direct Debit/Credit on the 15th of each month (you can opt for any other day of the month or have bi-weekly payments). Attached you will find the Authorization Form for your direct Debit/Credit from your Checking/Credit Card. If for some reason you prefer not to have direct debit/credit, contact the office.

Check off the Payment option of choice.

- _____ 9 (Months) or _____ 18 Bi-Weekly Payments (Sept-May 26)
- _____ 10 (Months) or _____ 20 BI-Weekly Payments (Sept- June 26)
- _____ 11 (Months) or _____ 22 Bix-Weekly Payments (Sept-July 26)

To be registered you are required to sign this Registration Form, the Medical/Picture/General Waiver, Debit/Credit Authorization Form and Communicable Disease waiver. Your signature registers your child(ren) and you are obligated for all fees from that date forward. To unregister you must follow the procedure in the financial agreement.

Registration Fee: *non-refundable \$40.00 _____ (\$20.00 per additional child) \$ _____

As of September 8th, 2025 your registration is for the term of September 8th, 2025 (or Start Date) to the end of May 2026.

Will your child participate in the end of year Recital Yes or No (MUST CHECK ONE)? - By checking yes, you are accepting our Costume Fee(s) schedule found with your Program selection. You will be billed on a separate invoice for your costume fees. Please Note:

- a. You are responsible for purchasing your recital tights from SPA (for consistency).
- b. You will receive two Parent tickets for your child(ren) recital performance (no charge).
- c. Please check with your instructor the type of shoe(s) that will be required for his/her class.
- d. We do adhere to a dress code. **NO exposed midriffs**, tights are to be worn.

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- Registration Fee and 1st Month Tuition is due at time of Registration, these fees are non-refundable, nontransferable. Tuition is due by the 15th of each month, a \$25 late fee will be assessed as of the 16th.
- Our NSF/or rejected Debit/Credit payments will result in a \$40 NSF Fee, per transaction.

SPA considers your student enrolled in their selected class(es) start date until end of May 2026, until we receive a written – Cancellation of Classes Letter. This notice is to be received **30 days prior** to your cancellation date. Only a *written dated cancellation notice* will be accepted, notice by phone, verbal to teachers, emails etc. are not acceptable notification. If we do not receive this notice the parent is responsible for the full upcoming monthly tuition until such notice is given. Tuition will be prorated based on the date of the 30-day notice given. If the student has indicated, they will participate in the recital (costume(s)/tights purchased) and/or in a payment plan the final payment will reflect this calculation. All participants are required to file a guaranteed credit card with the office and this card will be charged with tuition and any fee applicable, if payment is not received within 30 days of final invoice.

Missed classes due to illness, school functions, family issues, can be made up in any other comparable/age-appropriate class, within 30 days of absence. No refunds, or credits will be issued for missed class or for class cancellations due to bad weather or pandemic related situations.

If required by local government to go into an extended pandemic shut down classes will be conducted by zoom, through May as planned.

Our week of the Recital, the stage, dress and performance will be considered a week of instruction/class(es).

SPA reserves the right to cancel any scheduled class due to staff illness or family emergencies, to be rescheduled. Classes canceled due to weather /School Closures do not have to be made up unless a class is affected in a month more than once. If Newark is closed due to weather, then SPA is closed.

Medical - If registered in the SPA Dance program (to include but not limited to classes, Dance Team, Ballet Company, and special workshops and performances), that you are the person legally responsible for yourself or the participant. You are not aware of any physical condition which would prevent you or your child from engaging in any physical activity. You are certifying that you have read the waivers and agree to their content and conditions they set. You agree The Studio for the Performing Arts, Inc., will not be responsible or liable to you or your estate for any injury, accident, or loss of personal property. You understand that you cannot transfer this membership to any other person. You do hereby release this facility and its employees from any claim or cause of action which may occur as a result of any medical problems known or unknown which you have knowledge of presently or in the future. It is understood that these programs involve physical activity. You acknowledge that and assume full responsibility for any and all physical injuries which the participant may sustain as the result of participating.

General - You acknowledge that SPA staff is not responsible for yourself or the participant, nor your property while you/they are in class or on our premises, that your arrangements will include the process going to and from classes. You verify no promises or guarantees, other than those written in this agreement were made to you by this facility or its employees. **You agree to follow guidelines/deadlines as set in our guidebook and contracts, to cooperatively utilize the facilities with other participants (including maintaining a safe emotional & physical environment) and understand failure to do so may result in cancellation of this contract without refund of any fees.**

Picture Waiver: I hereby willingly grant full permission to the Studio for the Performing Arts, Inc. to use, reproduce, publish and exhibit my child (children)'s name, and/or likeness in production of still photographs and video in connection with public service, public relations, social media, education, and/or advertising activities for current and future use.

I _____ have read the above & reviewed my financial obligation for my child (children)'s tuition, costume fee, and tights for the Dance Year of 2025-26 and agree to the Picture waiver for participation in the SPA Program with the Studio For the Performing Arts, Inc. and agree to the terms and conditions of all of the above.

Signature: _____ Date: _____.

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Program Selection- Please FILL OUT ALL INFORMATION

Please check which day of the week if there is more than one class available:

| Recommended | Type | Main Programs | Time | Monthly Fee | Costume Fee |
|-------------|------|-------------------|------------|-------------|-------------|
| | Main | Dancing Tots | 30 mins | \$ 45.00 | N/A |
| | Main | Creative Movement | 30 mins | \$ 45.00 | \$ 60.00 |
| | Main | Pre Combo | 1 Hour | \$ 70.00 | \$ 85.00 |
| | Main | Stars | 2 Hours | \$120.00 | \$170.00 |
| | Main | Just Ballet | 45 Mint's | \$50.00 | N/A |
| | Main | Mini's | 2.50 hours | \$150.00 | \$170.00 |
| | Main | Just Ballet | 1 Hour | \$60.00 | N/A |
| | Main | Juniors/Seniors | 2.75 Hours | \$170.00 | \$170.00 |
| | Main | Just Ballet | 1.25 Hours | \$85.00 | N/A |

Monday Tuesday Wednesday Saturday

Special - (Unlimited Jr/Sr \$230, Mini \$210, Stars \$200 -(per student). Please note this includes Main Programs & those listed as specialties. Taking only Specialties take 3 for \$100.00. **Specialty Classes:** If you are taking a Main Program class, your Specialty classes can be added for \$40.00 If you are not registered *in any of the main programs* listed above the specialty classes cost are as listed. New this year "Open Classes" targeted to students not interested in our Ballet Program. Take one or two Open classes fees as listed. Note Dance Team, Ballet Productions, Adult Classes, Privates & Fitness Classes are not included in Unlimited rate.

Specialty Class Selections

| Recommended | Type | Conditions | Program | Time | Monthly Fee if Taken Alone | Costume Fee |
|-------------|-------------------|-------------------------|-------------------|---------|----------------------------|-------------|
| | Invitation Only | In Ballet | Pre -Pointe | 30 mins | \$50.00 | N/A |
| | Invitation Only | In Ballet | Pointe | 45 mins | \$60.00 | N/A |
| | Specialty | Ages 3&Up | Tumblers | 30 mins | \$45.00 | \$60.00 |
| | Specialty | Ages 5-7 | Acro | 45 mins | \$60.00 | \$60.00 |
| | Specialty | Ages 7 and up | Open Acro | | \$60.00 | \$60.00 |
| | Specialty | Ages 7 & Up | Hip Hop I,II,III | 30 mins | \$45.00 | \$60.00 |
| | Specialty | | Open Hip Hop | | \$45.00 | \$60.00 |
| | Specialty | Ages 7 & Up | Mus'al Thea're | 30 mins | \$45.00 | \$60.00 |
| | Dance Team | SPA Student | Dance Team | TBD | TBD | TBD |
| | By Audition only | Non-Student | Ballet Company | 1 Hour | \$75.00 | TBD |
| | Specialty | Ballet Student | Ballet Company | 1 hour | \$40.00 | TBD |
| | Ballet Production | Ballet Student Audition | Ballet Production | TBD | TBD | TBD |

We offer Family Discounts and multiple fundraising opportunities to help with your dance expenses. Your fundraiser credits can be used for any SPA dance related expenses.

PRIVATE FEES: Please check the box if you are interested in a private, we will contact you for more details.

Rates: **Solo** \$35.00 for 30 minutes; **Duet** \$25.00 per student for 30 minutes; **Trio** \$15.00 per student for 30 minutes

Student Name: _____ (Fill out one Form per student).

Signature _____ DATE _____

Authorization Form

Student Name: _____

| | | |
|---|--|--|
| office use only) | | Date of first payment / / |
| ID# _____ | | |
| <p>If a payment is declined for any reason, there will be a \$40 charge applied to your account per incident.</p> <p>Your declined payment will be processed again the following week unless we are notified otherwise & an alternate financial arrangement made.</p> <p>It is your responsibility to alert the office of Expiration date /status changes to your account/ payment information.</p> | <p>Frequency of payment: Please check one</p> <p><input type="radio"/> Weekly</p> <p><input type="radio"/> BI – Weekly</p> <p><input type="radio"/> Monthly</p> <p>Once your payment plan is set the office needs 20 business days to make changes or stop payments.</p> | <p>Amount of total bill \$ _____</p> <p>Amount of payment \$ _____</p> <p># of Payments Selected _____</p> |

(Person on the account to be Debited/Credited)

| | |
|--|--------------------|
| Last Name: | First Name: |
| Mailing Address on the Account: | City: State: Zip: |
| Please charge payment from my account: (check one) | |
| Deduct from my <input type="radio"/> Checking /Savings <input type="radio"/> Credit Card | |
| Name (as shown on account, please print clearly): | |
| I authorize the above company Studio of the Performing Arts, Inc. to charge my credit card or debit my checking / savings account in accordance with the information above. I understand that this agreement will remain in effect until I have completed the dance year agreement, or I submit a 30 day written notice of cancellation of the program and my final financial commitment is met. | |
| Authorized Signature: | Date: |
| Attach a voided check or list your Bank Accounts: | |
| Routing number _____ and Account Number _____ | |
| (Check One) is this a _____ Checking Account or _____ Savings Account | |
| Credit Card Number: | |
| Expiration Date: | |
| Type Credit Card: <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American <input type="radio"/> Discover Card | * credit card fees |
| Please charge my payments to my: please check one | |

Financial Agreement: I acknowledge that I have read this agreement and given financial information regarding payments for the above program I have selected for my child. I have read and understand the due dates, fees and responsibilities required for my payments to be deducted.

Authorized Signature _____ Date _____

**COMMUNICABLE DISEASE
RELEASE OF LIABILITY AND ASSUMPTION OF RISK
AGREEMENT**

In consideration of being allowed to participate in any way in the Studio for the Performing Arts, Inc. Dance Program related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

I am aware there are risks to me or my child(ren) of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

I acknowledge my responsibility not to attend or come to class if I am exhibiting symptoms of COVID-19. If, however, I observe any symptoms during my participation or presence at a game or practice, I will remove myself from participation, and bring such to the attention of my dance teacher immediately.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Studio for the Performing Arts, Inc.**, The Town of Arcadia, at 1500 Welcher Rd, Newark, NY 14513 or any other facility where activity may occur, or its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, from any and all claims, demands, losses, and liability arising out of or related to any **ILLNESS, INJURY, DISABILITY OR DEATH** I may suffer, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Name (and Signature if older than 18)

Age

Date

Participant's Name (and Signature if older than 18)

Age

Date

Participant's Name (and Signature if older than 18)

Age

Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do acknowledge my responsibility to restrict my child from play or practice if they exhibit any symptoms of COVID-19, and consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____ Parent/Guardian name Date _____

(Emergency Phone Number(s):

X _____ Signature
