STUDIO FOR THE PERFORMING ARTS, INC.

2026–2027 DANCE REGISTRATION & FINANCIAL AGREEMENT

1500 Welcher Rd., Newark, NY 14513 • 315-331-9158 • www.spadancing.com • studiofortheperformingarts@yahoo.com

★ NEW THIS YEAR ★

Costume fees may now be included in your monthly payment schedule instead of being billed separately.

STUDENT & FAMILY INFORMATION

Student Last Name: _____	First Name: _____
Date of Birth: _____	Age as of 9/1/2026: _____
Address: _____ _____	Apt: _____
City: _____ State: _____ ZIP: _____	Cell: _____
Parent/Guardian: _____	Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Email Address: _____

Start Date (if different from September 12, 2026): _____

2026–2027 DANCE YEAR

Classes begin Saturday, September 12, 2026. Regular classes end Saturday, May 15, 2027. The end-of-year recital is tentatively scheduled for May 22 & 23, 2027. Recital week, including stage, dress, and performance activities, is considered part of the instructional year.

Please complete one registration form per student. Dance Team, Ballet Company, Ballet Productions, workshops, and other special programs may require separate registration or agreements.

TUITION & FINANCIAL AGREEMENT

Registration Fee: $40 non-refundable, plus $20 for each additional family member. The registration fee and first month's tuition are due when you register. Registration fee waived, if received by 8/24.

Tuition is based on the yearly program rate and is divided into your selected payment schedule. If a student begins mid-month, the first month's tuition will be prorated from the start date.

Payment Schedule	Tuition Payments	Costume Fee Option
No Payment Plan	Will be invoiced monthly	☐ Add costume fees to monthly invoice
9 months	☐ 9 monthly payments ☐ 18 bi-weekly payments	☐ Add costume fees to payments
10 months	☐ 10 monthly payments ☐ 20 bi-weekly payments	☐ Add costume fees to payments
11 months	☐ 11 monthly payments ☐ 22 bi-weekly payments	☐ Add costume fees to payments
Costumes	—	☐ Pay separately on Costume Invoice ☐ Include in monthly payments

Preferred payment method: Direct Debit/Credit on the 15th of each month. Other payment dates or bi-weekly arrangements may be requested. A Direct Debit/Credit Authorization Form is required for automatic payments.

Payments are due by the 15th. A $25 late fee will be added after the 16th. A $40 NSF/returned-payment fee applies to each rejected payment.

Costume fees are separate from tuition unless you choose the new monthly-payment option above. Costume fees will be added to the selected payment schedule and divided across the remaining scheduled payments.

CANCELLATION / WITHDRAWAL

To withdraw from a program, written notice must be received at least 30 days before the requested cancellation date. Email or verbal notice to teachers is not sufficient. Tuition remains due through the 30-day notice period. If required fees remain unpaid, SPA may charge the card on file for the outstanding balance.

Missed classes due to illness, school/family events, weather, or other personal reasons are not refunded or credited. SPA may offer a comparable make-up class when appropriate. Classes cancelled by SPA because of weather or school closure generally do not require make-up unless a class is affected more than once in a month. SPA may reschedule classes cancelled because of staff illness or emergencies.

PAYMENT AUTHORIZATION FORM

Please complete this form for automatic tuition and/or costume payments.

Student Name: _____	Date of First Payment: ____ / ____ / _____	ID # (Office Use): _____
Total Bill: $_____	Payment Amount: $_____	# of Payments: _____

PAYMENT FREQUENCY

Check one: ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Once your payment plan is established, please allow 20 business days for changes or cancellation of automatic payments.

ACH / Checking Account: No processing fee.

Credit Card processing fees: $0–$50 = $1.00 • $51–$100 = $2.00 • $101–$150 = $3.00 • $151–$200 = $4.00 per transaction.

If a payment is declined, a $40 returned-payment fee will be charged per incident. The declined payment will be processed again the following week unless SPA is notified and an alternate payment arrangement is made.

Please notify the office promptly of any changes to your payment account or card expiration date.

ACCOUNT HOLDER INFORMATION

Last Name: _____	First Name: _____
Mailing Address: _____	City: _____ State: _____ ZIP: _____
Phone: _____	Email: _____

PAYMENT METHOD

Please charge payment from my account (check one): ☐ Checking / Savings ☐ Credit Card

Name as shown on account: _____

BANK ACCOUNT INFORMATION

For ACH / checking or savings: Attach a voided check or provide bank information below.

Routing Number: _____ Account Number: _____

Account Type: ☐ Checking ☐ Savings

CREDIT CARD INFORMATION

Credit Card Number: _____

Expiration Date: _____ / _____ Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

AUTHORIZATION & FINANCIAL AGREEMENT

I authorize Studio for the Performing Arts, Inc. to charge my credit card or debit my checking/savings account according to the payment plan selected above. This authorization remains in effect through the dance year or until I provide 30 days' written notice of cancellation and all final financial obligations are satisfied.

I acknowledge that I have read and understand the payment schedule, due dates, fees, and responsibilities associated with automatic payments.

Authorized Signature: _____ Date: _____

SPA PARTICIPATION WAIVERS & ACKNOWLEDGMENTS

Please read each section carefully and complete the required selections below.

MEDICAL, SAFETY & GENERAL WAIVER

By signing below, I confirm that the participant is able to participate in physical activity and that I have disclosed any known condition that may affect participation. I understand that dance and related programs involve physical activity and accept responsibility for injuries or medical issues that may occur during participation, except where prohibited by law.

I understand that SPA is not responsible for personal property. I am responsible for transportation to and from classes. I agree that the participant will follow SPA rules and instructor directions and will help maintain a safe, respectful physical and emotional environment. Failure to follow these expectations may result in removal from the program without refund, subject to applicable law.

PICTURE / VIDEO PERMISSION

I give Studio for the Performing Arts, Inc. permission to photograph and/or record the participant and use the participant's name, image, or likeness for studio-related performances, education, publicity, social media, and advertising, now and in the future.

Picture/Video Permission: □ YES □ NO

RECITAL & COSTUME ACKNOWLEDGMENT

End-of-Year Recital: □ YES □ NO

If participating, I understand that recital costume fees are separate from tuition unless I select the new monthly-payment option on the financial agreement page. I am responsible for required recital tights and other required items. Please confirm required shoes with the instructor.

SCHEDULED CLOSURES

Thanksgiving: Nov. 23–28, 2026 • Christmas: Dec. 21, 2026–Jan. 3, 2027 • February Break: Feb. 15–20, 2027 • Easter: Mar. 22–28, 2027. Additional teacher-scheduled rehearsals or make-up classes may occur during these periods with notice. SPA does not close for Monday holidays.

ACKNOWLEDGMENT & SIGNATURE

By signing, I confirm that I have read and understand the registration, tuition/financial, cancellation, safety, and participation policies above. I agree to be responsible for all fees associated with my student's enrollment and understand that the signed registration begins my financial obligation under these terms.

Parent/Guardian Name (print): _____

Signature: _____ Date: _____