

**DEBBIE'S DANCE COMPANY**

11570 San Jose Blvd., Suite 10

Jacksonville, FL 32223

904/268-1410

debbiesdanceco.com

Parents:

The staff at Debbie's Dance Company is very excited to begin classes during Extended Day at Timberlin Creek Elementary! We will be offering classes in Jazz/Hip-Hop on Tuesdays at 3:00 pm and Ballet on Tuesdays at 4:00 Classes will begin on September 7<sup>th</sup>, 2021.

Class fees are \$12.00 per class. Classes will continue all year with a payment due every 11 or 12 weeks. Make checks payable to: Debbie's Dance Company. Debbie's Dance Company does not provide monthly statements so please be sure to make timely payments. For your convenience, we also accept debit and credit cards, however you will need to call us with your credit card information as the school cannot accept these payments.

PAYMENT SCHEDULE:

\$132.00 DUE 9/7 FOR: 9/7, 9/14, 9/21, 9/28, 10/5, 10/12, 10/19, 10/26, 11/2, 11/9, 11/16

\$132.00 DUE 11/23 FOR: 11/23, 11/30, 12/7, 12/14, 1/11, 1/18, 1/25, 2/1, 2/8, 2/15, 2/22

\$144.00 DUE 3/1 FOR: 3/1, 3/8, 3/22, 3/29, 4/5, 4/12, 4/19, 4/26, 5/3, 5/10, 5/17, 5/24,

If you have any questions regarding your child's classes through Extended Day, please contact us between the hours of 5:00 pm and 9:00 pm at 268-1410

**\*\*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 return it to dancededeb1@aol.com BEFORE Monday 9/6, 2021

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ Extended Day? \_\_\_\_\_ Parents' Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please sign me up for: (circle classes)

**Jazz/Hip-Hop**

**Ballet**

**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

