

that box!

129 Oakmont Drive, Greenville

www.startingpointdance.com

(252) 751-3180

SPD CONTRACT	2022-2023					TEACHER	R'S INITIALS:
PARENT FULL NAME /				STREET		NC	
DRIVER'S LICENSE NU	MBERS			CITY		STATE	ZIP
STUDENT 1		DATE OF BIRTH		SCHOOL		GRADE	DISMISSAL TIME
STUDENT 2		DATE OF BIRTH		SCHOOL		GRADE	DISMISSAL TIME
STUDENT 3		DATE OF BIRTH		SCHOOL		GRADE	DISMISSAL TIME
Afterschool Pickup Year Round* (Afte Afterschool Part-t	o* erschool Pickup + Summ ime (1-3 days). M T Day Pickup (when avai class per week)	\$50/housel \$95/week her) W Th F \$80.00/we \$32.00/picl \$55/month \$90/month	ek kup Pi	Dance Class (tl Dance Class (fd Dance Class (fd Dance Class (fi reschool Options Noon Pickup (	nree classes per we our classes per wee ve classes per week : (includes dance cl Lunch Bunch)	ek) k) i) l <b>asses)</b>	ool and year round \$125/month \$150/month \$175/month 
START PICKING UP	ON: /	/ 20	or	I'm unsure of t	he date, but pick u	o on the first d	lay of school, please.
PLEASE DON'T WRI	TE "CARD ON FILE"	payment is late - plea: n the event of closure <b>Above</b>	due to Cov		s still due as norm		ILLING ZIP CODE
days (and next sum then a paid four-we the right to termina at any point for any <u>PAYMENTS &amp; LATE</u> for monthly tuition pay late. A valid cre make account curr refunded <u>FOUR-WEEK NOTIC</u> four weeks prior to weeks from the day	mer, if selecting After eek written notice is ite this contract for a reason. FEES You pay you We accept cash, ch edit/debit card is req ent due to imprope E Withdrawing you your intended last o y withdrawal is given	ng your child (or child erschool Pickup+Sumr required. Please see iny reason without no r weekly rate every w necks, and credit cards uired to register and er withdrawal. See b ur child for any reasor lay, submitted to the to find the date of yo ion until the last day of	ner option FOUR-WE tice. Start eek, no lat s. A \$5.00 will be use elow for w n prior to t SPD direct our child's of the noti	). If you wish EK NOTICE bel ing Point Dance eer than Monda Late Fee is add d to balance ad withdrawal pro- he end of this o or, not to a tea last day, and t	to withdraw priot ow for details. S e reserves the right of for weekly tuit led if payment is count in the even cedures. Payme contract requires icher. The SPD d hat day will be th	r to the end tarting Point ht to cancel ion and no la late - please nt of a misse nts will not written notic irector will c ie last day fo	of this contract, t Dance reserves or refuse service ater then the 1st t include it if you d payment or to be prorated or ce of withdrawal ount ahead four
SIGN HERE - I Agree T	o All The Terms Stated	Above		ate	Dire	ctor Signature	/Date
FFICE USE ONLY WHEN RECEIVING A	BOX CHECKED	911 SIGNED	REGFEE	PAID	\$		
REGISTRATION FORM FROM CLIENT	CREDIT SIGNED TERMS SIGNED	WAIVER SIGNED	RECORD		\$ \$		
L F	_						
RUN CARD DETAILS	REG FEE	MONTHLY	AMOUN	Т			

tudent 1	student 2	stu	ident 3
arent name	email address	mobile phone	phone @
parent name	email address	mobile phone	phone @
other emergency contact person	relation	mobile phone	phone
nealth care provider (family doctor)		location	phone number
insurance company covering child		policy number	group number

**911** Emergency Release: I hereby give my consent for SPD to call 911 in the event of an emergency. I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child in the event of an emergency at which time I cannot be reached. I give my consent to transport by ambulance if situation warrants.

X	X		
I have read and understand (sign here)	date	director's signature	

*Waiver & Release:* You, buyer and student, agree that you are aware that the student is engaging in physical exercise, and the use of equipment, training and instruction, which can be dangerous and cause injury to your child. The student is voluntarily participating in these activities, and buyer and student assume all risk of injury to the student, which may result. Buyer and student hereby waive and release any claim or right to sue the center employees, or agents, for injury to the student, which may result. Buyer and student have carefully read this waiver and release, and fully understand it is a release of all liability and damage of the center for any injury. The center will make no evaluation or recommendation whether students or guests are sufficiently physically fit for exercise. It is always advisable to consult a physician before undertaking a physical exercise program. The studio does not assume any responsibility for the loss, damage or theft, of any property belonging to you or the student. Buyer and student agree that the center and its personnel are not responsible for or liable for any such property even if its loss, damage, or theft occurs on or about the facility.

Starting Point Dance will make no evaluation or recommendation as to whether or not Students or Guests are sufficiently physically fit for exercise. It is always advisable to consult a physician before undertaking a physical exercise program. The center does not assume any responsibility for the loss, damage or theft, of any property belonging to the student. Buyer and Student agree that the center and its personnel are not responsible for or liable for any such property even if its loss, damage, or theft occurs on or about the Starting Point Dance facility.

<u>X</u>	<u>X</u>		
I have read and understand (sign here)	date	director's s	ignature
Food Allergies	Με	edical Issues	
Allowed To Pick Up			Not Allowed To Pick Up
OR USE A <b>FAMILY PASSWORD</b> TO TELL SPD STAFF THAT A	AN INDIVIDUAL HAS PERMISSION TO	PICK UP CHILD>	