



DEBBIE'S DANCE COMPANY
 11570 San Jose Blvd., Suite 10
 Jacksonville, FL 32223
 904/268-1410
www.debbiesdanceco.com



Dear Parents:

The staff at Debbie's Dance Company is very excited to begin classes at PVPV/Rawlings. We will be offering classes in Jazz/Hip-Hop on Wednesdays @ 2:00, Acrobatics on Wednesdays @ 3:00.

Class fees are \$12.00 per class. **Classes will begin September 6th** and continue for the whole year with payment every 11 weeks. Please turn in all checks for Debbie's Dance Company classes to the Extended Day office. For your convenience, we also accept debit and credit cards, however you will need to call us at 268-1410 with your card information between 5-8pm

PAYMENT SCHEDULE: (WEDNESDAY CLASSES)

\$132.00 DUE 9/6 FOR: 9/6, 9/13, 9/20, 9/27, 10/4, 10/11, 10/18, 10/25, 11/1, 11/8, 11/15

\$132.00 DUE 11/29 FOR: 11/29, 12/6, 12/13, 12/20, 1/10, 1/17, 1/24, 1/31, 2/7, 2/14, 2/21

\$132.00 DUE 2/28 FOR: 2/28, 3/7, 3/14, 3/21, 4/4, 4/11, 4/18, 4/26, 5/2, 5/9, 5/16

We are pleased to offer a recital to showcase your child's dance skills at the end of the year. For this performance, the children will need costumes for each class; a \$59.00 costume fee per class is due October 15th. The costume fee should be made payable to Debbie's Dance Company

If your child is not registered for extended day there is a \$25.00 non-refundable registration fee. Go to PVPV/Rawlings website www-pvmkr.stjohns.k12.fl.us print out and complete the Non-Extended Day Registration form and submit to extended Day Coordinator with the \$25 payment (Cash or Check only)

Please complete the bottom of this form and return it by email to Dancedeb1@aol.com or mail to Debbie's Dance Company BEFORE September 6th, 2017.

Child's Name: _____ Birthdate: _____

Grade: _____ Parents' Name: _____

Address: _____ City/Zip: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

E-mail: _____ Please sign me up for: (circle your choices)

Acrobatics

Jazz/Hip Hop

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