



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.

Classes will begin September 5th, 2018. Class fees are \$12.00 per class. Classes will continue all year with a payment due every 11 or 12 weeks. All Payments can be turned into the Dance Teacher or for your convenience we also accept debit and credit cards on our website by clicking the make a payment widget or call us with your credit card information between 5-8pm

PAYMENT SCHEDULE: (WEDNESDAY CLASSES)

\$132.00 DUE 9/5 FOR: 9/5, 9/12, 9/19, 9/26, 10/3, 10/10, 10/17, 10/24, 10/31, 11/7, 11/14
 \$132.00 DUE 11/28 FOR: 11/28, 12/5, 12/12, 12/19, 1/9, 1/16, 1/23, 1/30, 2/6, 2/13, 2/20
 \$122.00 DUE 2/27 FOR: 2/27, 3/6, 3/13, 3/27, 4/3, 4/10, 4/17, 4/24, 5/1, 5/8,

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. Please complete the attached forms and submit to extended Day Coordinator with the \$25 payment (Cash or Check only)*****

Please complete the bottom of this form and return it to Dancedeb1@aol.com or mail it to Debbie's Dance by September 5th, 2018

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 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

2018-2019 *PVPV/Rawlings Elementary School*
ENRICHMENT CAMP NON-EXTENDED DAY REGISTRATION FORM

Extended Day Coordinator: Lynda Wing, 904-547-3830 (Office) or
904-874-7774 (Cell) Email: *lynda.wing@stjohns.k12.fl.us*

This is a mandatory NON-REFUNDABLE one time yearly \$25 Non-Extended Day Enrichment Fee for students who attend an Enrichment Camp but do not go to ACE. You may pay by Cash or Check directly to Extended Day. Be sure to include your child's name, a phone number and the camp child is attending on all checks/payments.

YOUR CHILD IS NOT ALLOWED TO START CAMP UNTIL THIS FEE IS PAID.

No refunds issued should you withdraw your child mid-payment cycle or if child is released due to behavior issues.

IMPORTANT NOTES:

It is the responsibility to inform the Enrichment Camp, the child's teacher and the ACE Coordinator if your child will not be attending their camp and how they will be going home if they are in school. If we do not have any information from you we will pull the child from the bus or car line and send them to camp.

Report all transportation changes by 2 pm (1pm on Wednesday's).

If your child is not picked up on time from Enrichment Camp you will receive a one-time warning. After that you will be charged \$1 per minute for every minute you are late. After 15 minutes your child will be sent to ACE and you will be charged a \$25 late pick up fee per child.

CAMP CHILD ATTENDING: _____

LAST NAME _____ FIRST NAME _____ Male ___
Female ___ GRADE _____ TEACHER _____ BUS # _____
BIRTHDATE _____

SIBLING: LAST NAME _____ FIRST NAME _____ Male ___ Female ___
GRADE _____ TEACHER _____ BUS # _____ BIRTHDATE _____

Child resides with: ___ Mother ___ Father ___ Both ___ Other _____
(Relationship)

Mother/Guardian's name _____ Mother's home
address _____

Mother's phone #s: _____ Home
_____ Work
_____ Cell _____ Mother's email

Father/Guardian's name _____ Father's home
address _____

Father's phone #s: _____ Home
_____ Work
_____ Cell _____ Father's email

CUSTODIAL RIGHTS: Parent is permitted to pick up child from Extended Day:

Mother: Yes No

Father: Yes No

Stepmother: Yes No

Stepfather: Yes No

(If "No" to the above, custody papers must be on file in the school office.)

MEDICAL CONTACT: Child's Physician _____ Phone _____

MEDICAL

CONCERNS: _____

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SPECIAL INSTRUCTIONS:

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DOES YOUR CHILD HAVE AN IEP and/or anything else you would like us to know about your child:

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ALTERNATIVE CHILD PICK-UP/EMERGENCY CONTACT APPROVED LIST:

I hereby give PVPV/Rawlings Extended Day permission to release my child to the following persons.

Name _____ Relationship _____ phone _____

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Name _____ Relationship _____ phone _____

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Name _____ Relationship _____ phone _____

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SIGNATURE OF PARENT/GUARDIAN: DATE: