**Dance Maker Performing Arts Academy**

400 Palmer Avenue | Pawhuska, OK 74056

dancemakeracademy@gmail.com 918-704-4668

**Fall 2023-Spring 2024 Enrollment**

Please Register at:

[www.dancestudio-pro.com/online/dancemakeracademy](http://www.dancestudio-pro.com/online/dancemakeracademy)

Everyone is required to have a credit card on file. When registering on Dance Studio-Pro, please go to Payment and sign up for Auto Pay to keep your information secure. Thank you!

**Tuition Policy**

1. Upon enrollment, payment can be made by credit card, debit card, or ACH draft from your bank account. At least one form of payment is required to enroll. **Cash payments still require a credit card on file.**
2. Monthly tuition payments will be drafted out of your bank account or charged to your card on the first day of every month during the school year. If the first of the month falls on a weekend, the draft may not hit your account until the next business day. There is a $25 charge for insufficient funds.
3. Families with two or more students will receive a 10% discount on total tuition.
4. Monthly tuition is based on the total number of classes per year. It remains the same September through May, although the number of lessons may vary from month to month.

**Refunds**

1. There are no refunds or credits for missed dance days due to holidays.
2. There is no price reduction for lessons missed or bad weather days.
3. Dance Maker tuition and registration fees are *non-refundable* and *non-transferable*.
4. **Notification to withdraw from classes must be received in writing at least 30 days in advance to stop tuition payment for the following month.**

**Dancewear Orders**

To be cost-effective for all, we will be placing dance wear orders only on the 1st of every month. If your child needs new tights, leotards, or shoes, please let us know their size and color before the 1st of the month. Otherwise, they will have to wait until the following month.

**The Nutcracker Ballet**

1. Cast members must be enrolled in at least one dance class per week. No exceptions.
2. Students in Ballet 1 and above are welcome to audition for The Nutcracker Ballet.
3. More than two unexcused absences from rehearsals will result in dismissal from the performance.
4. Dress rehearsal will be at the Constantine Theater on December 6th at 5:00pm. Attendance is required.
5. Performances for public school students will be December 7th and 8th during school hours.
6. Performances for the general public will be December 9th at 7:00pm and December 10th at 3:00pm.
7. All parents of cast members should please plan to volunteer in some way.

**\*Is your child interested in auditioning for the Nutcracker? \_\_\_\_\_Yes \_\_\_\_\_No**

**By signing below, you agree that the dancer will be at ALL rehearsals (at least twice a week).**

**\***Participating Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annual Spring Performance**

Our Annual Spring Performance will be May 18th at 7:00pm and May 19th at 3:00pm; dress rehearsal will be May 16th at 5:00pm, all at the Constantine Theater. All students are welcome to perform in the show.

**Recital and Costumes Fee**

**A down payment of $75 is due by November 1, 2023.**

**The balance must be paid in full by January 15, 2024.**

**\*Is your child interested in participating in the Spring Performance? \_\_\_\_\_Yes \_\_\_\_\_No**

**By signing below, you agree that the dancer will be at ALL rehearsals (at least twice a week).**

**\***Participating Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release of Liability**

As the legal parent or guardian of the participating student, I release and hold harmless Art Maker (DBA Dance Maker Academy), its owners, operators, management, and staff from all liability, claims, demands, and causes of action whatsoever arising out of, or related to, any loss, damage, or injury including death that may be sustained by the participating student while in or upon the premises or en route to or from any said premises under the control and supervision of Art Maker (DBA Dance Maker Academy), its owners, operators, management, and staff.

**\***Participating Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Emergency**

As the parent or legal guardian of the participating student, I hereby declare the participating student to be in good physical and mental health. Alternatively, I hereby declare any physical/mental problems, restrictions, or conditions that may impact the student’s ability to participate in classes. In the unlikely event that the participating student requires medical attention and I cannot be reached, I give permission to Art Maker (DBA Dance Maker Academy), including its owners, operators, management, and staff, to seek medical treatment for the participating student. I request that our doctor/physician be called.

**\***Physician Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Hospital Preference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Participating Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to Use Photograph**

I agree that Art Maker (DBA Dance Maker Academy) may use such photographs of me with or without my name and for any lawful purpose, including but not limited to publicity, education, illustration, advertising, and Web content. Still or moving images of the participating student may not be used for profit without my express permission.

I have read and understand the above.

**\***Participating Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_