

Mindy Pack Dance Studio

8907 Taft Hill Court ~ Sandy, Utah 84093

(801) 733-8277 or mindy@singoutloud.com

www.singoutloud.com

Student's Name

Parent's Name

Street Address

City

ST

Zip

E-mail Address

Home Phone

Alt. Phone

STUDIO POLICIES & PROCEDURES

I. I UNDERSTAND that tuition is a standard \$35.00 per month for classes one hour in length, \$30.00 per month for classes 45 minutes in length. Toddler class is \$25.00, and Group Vocals is \$55.00 per month. Tuition is due on the first day of every month. A late fee of \$5.00 will be assessed on the 5th of every month.

II. I UNDERSTAND that tuition is a monthly fee and not based on weekly attendance or number of classes in taught in the month.

III. I UNDERSTAND that a recital will be held in May, costumes will have to be ordered by February 1st. If I choose not to participate in the May recital then a parent or guardian of the child must contact Mindy Pack and notify her. If I choose not to participate after February 1st I understand that I will be charged the full amount for the costume that was ordered for me.

(We ask that you not rely on the children or friends of the children to pass information to the teacher to then pass onto Mindy - thanks!)

IV. I UNDERSTAND that there will be a recital fee of \$15.00 per student or \$20.00 per family of more than two students enrolled with the studio, which will be charged to my account for the May recital

V. I AGREE to pay the \$15.00 fee incurred for each personal check returned by the bank unpaid.

VI. I Release Brandon and Mindy Pack, Impack Productions, and Mindy Pack Dance Studio of all liability for any injury that may be incurred while my child/children attend classes, recital, and any other event associated with the Mindy Pack Dance Studio.

I understand and agree to all of the above policies and procedures of the dance studio:

SIGNED: _____

PARENT/GUARDIAN

EMERGENCY CONTACT & MEDICAL INFO

In the space provided below, please indicate any contact information and/or instructions regarding your child in the event of an emergency. Also if there are any medical concerns or special needs that you wish to inform the teacher of, please do so below. All information given to the instructor is voluntary and will be kept confidential.

Contact Information:

Name: _____ *Phone:* _____

Name: _____ *Phone:* _____

Instructions: _____

Medical Concerns or Special Needs:
