

DEBBIE'S DANCE COMPANY
11570 San Jose Blvd., Suite 10
Jacksonville, FL 32223

904/268-1410 www.debbiesdanceco.com

The staff at Debbie's Dance Company is very excited to begin classes during Extended Day at Liberty Pines. **CLASSES WILL BEGIN WEDNESDAY September 4, 2024.** We will be offering classes in Jazz/Hip-Hop on Wednesdays @ 2:00 pm and Ballet Wednesdays @ 3:00 pm also Acrobatics Friday @ 3:00 and Cheerleading Fridays @4:00. Class fees are \$14.00 per class. Classes will continue all year with a payment of due every 11 weeks. All Payments can be turned into the Dance Teacher. **We are excited to once again offer a performance at the end of May. PLEASE TURN IN \$60.00 FOR EACH CLASS FOR A COSTUME OCTOBER 15TH TO PARTICIPATE** PAYMENT SCHEDULE: (WEDNESDAY CLASSES)

\$154.00 DUE 9/4: FOR 9/4, 9/11, 9/18, 9/25, 10/2, 10/9, 10/16, 10/23, 10/30, 11/6, 11/13

\$154.00 DUE 11/20: FOR 11/20, 12/4, 12/11, 12/18, 1/8, 1/15, 1/22, 1/29, 2/5, 2/12, 2/19

\$154.00 DUE 2/26: FOR 2/26, 3/5, 3/12, 3/26, 4/2, 4/9, 4/16, 4/23, 4/30, 5/7, 4/14

PAYMENT SCHEDULE: (FRIDAY CLASSES)

\$140.00 DUE 9/6: FOR 9/6, 9/13, 9/20, 9/27, 10/4, 10/11, 10/18, 10/25, 11/1, 11/8

\$140.00 DUE 11/15: FOR 11/15, 11/22, 12/6, 12/13, 12/20, 1/10, 1/17, 1/24, 1/31, 2/7

\$140.00 DUE 2/21: FOR 2/21, 2/28, 3/7, 3/28, 4/4, 4/11, 4/25, 5/2, 5/9, 5/16

****If your child is not registered for extended day there is a \$25.00 registration fee due: Payable to extended day. Please pay this fee when you register for dance.****

Please complete the bottom of this form AND e-mail it to Dancedeb1@aol.com BEFORE MONDAY 9/1, 2024

Child's Name: _____ Birthdate: _____

Grade: _____ Extended Day? _____ Parents' Name: _____

Address: _____ CITY/ZIP: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Please sign me up for: (circle classes)

Jazz/Hip-Hop

Ballet

Cheerleading

Acrobatics

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