

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

904/268-1410 [www.debbiesdanceco.com](http://www.debbiesdanceco.com)

The staff at Debbie's Dance Company is very excited to begin classes during Extended Day at Patriot Oaks Academy. **CLASSES WILL BEGIN Thursday September 5, 2024.** We will be offering classes in Jazz/Hip-Hop on Thursdays @ 3:00 pm and Cheerleading Thursdays @ 4:00 pm.

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 or 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.

**We are excited to once again offer a performance at the end of May. PLEASE TURN IN \$60.00 FOR EACH CLASS BY OCTOBER 15<sup>TH</sup> TO PARTICIPATE**

PAYMENT SCHEDULE (THURSDAY CLASSES)

\$154.00 DUE 9/5 FOR: 9/5, 9/12, 9/21, 9/26, 10/5, 10/3, 10/10, 10/17, 10/24, 10/31, 11/7

\$154.00 DUE 11/14 FOR: 11/14, 11/21, 12/5, 12/12, 12/19, 1/9, 1/16, 1/23, 1/30, 2/6, 2/13

\$168.00 DUE 2/20 FOR: 2/20, 2/27, 3/6, 3/13, 3/27, 4/3, 4/10, 4/17, 4/24, 5/1, 5/8, 5/15

**\*\*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](mailto: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

Cheerleading

**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