

DEBBIE'S DANCE COMPANY  
11570 San Jose Blvd., Suite 10  
Jacksonville, FL 32223  
904/268-1410  
[www.debbiesdanceco.com](http://www.debbiesdanceco.com)

Dear Parents:

August, 2023

The staff at Debbie's Dance Company is very excited to begin classes during Extended Day at PVPV Rawlings. **CLASSES WILL BEGIN WEDNESDAY September 6, 2023.** We will be offering classes in Jazz/Hip-Hop on Wednesdays @ 2:00 pm and Cheerleading/Acrobatics Wednesdays @ 3:00 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 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)

\$154.00 DUE 9/6: FOR 9/6, 9/13, 9/20, 9/27, 10/4, 10/11, 10/18, 10/25, 11/1, 11/8, 11/15

\$154.00 DUE 11/29: FOR 11/29, 12/6, 12/13, 12/20, 1/10, 1/17, 1/24, 1/31, 2/7, 2/14, 2/21

\$154.00 DUE 2/28: FOR 2/28, 3/6, 3/20, 3/27, 4/3, 4/10, 4/17, 4/24, 5/1, 5/8, 5/15

**We are excited to once again do a performance at the end of May. Please turn in A Costume Fee of \$60.00 for each class by October 15<sup>th</sup> to Participate.**

**\*\*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 e-mail it to [Dancedeb1@aol.com](mailto:Dancedeb1@aol.com) BEFORE MONDAY 9/1, 2023

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/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