

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, 2024

The staff at Debbie's Dance Company is very excited to begin classes during Extended Day at Durbin Creek elementary. **CLASSES WILL BEGIN FRIDAY September 6th.** We will be offering classes in Jazz/Hip Hop on Fridays 3:00 and Cheerleading Fridays at 4:00.

Class fees are \$14.00 per class. Classes will continue all year with a payment due every 10 weeks. All Payments can be turned into the Dance Teacher, extended Day 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: (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

**We are so excited to once again do a performance at the end of May. Please turn in a fee for a costume Due: October 15<sup>th</sup>. The costume fee will be \$60.00.**

**\*\*If your child is not registered for extended day there is a \$25.00 registration fee due: Payable to extended day. \*\***

Please complete the bottom of this form and e-mail it to [Dancedeb1@aol.com](mailto:Dancedeb1@aol.com) BEFORE MONDAY 9/2, 2024

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Extended Day? \_\_\_\_\_ Parents' Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

