

TWINKLE TOES DANCE PRODUCTIONS LLC

IS EXCITED TO OFFER CLASSES AT

NEW COVENANT SCHOOL



CLASSES HELD EVERY WEDNESDAY

PRE-K 12:30 - 1:30PM



CLASS SCHEDULE

SESSION #1 8/25 – 10/19 \$104 SESSION #2 10/27 – 12/15 \$78
SESSION #3 1/12 – 3/09.... \$117 SESSION #4 3/23 – 5/18 \$117

QUESTIONS, CONTACT JAIME AT #623-810-6153

JAIME@TWINKLETOESDANCE.COM

DANCE IS A GREAT WAY TO INVOLVE YOUR CHILDREN IN A FUN AND FIT ACTIVITY THAT COMBINES SPORT, MUSIC, ART, AND DRAMA. TWINKLE TOES DANCE PRODUCTIONS IS A MOBILE ENRICHMENT PROGRAM THAT IS GREAT FOR BOYS AND GIRLS BECAUSE OF THE DIFFERENT DANCE STYLES THAT WE OFFER DURING EACH CLASS. WE BRING OUR MOBILE COMPANY TO YOUR CHILD'S SCHOOL SO YOU SAVE ON VALUABLE TIME, GAS, AND ENERGY! PLUS, YOUR CHILD HAS THE OPPORTUNITY TO PERFORM ON STAGE IN OUR ANNUAL SPRING RECITAL!

ENCOURAGE YOUR CHILDS POTENTIAL AND SIGN UP TODAY!!

NEW COVENANT PRESCHOOL REGISTRATION 2021-2022

CLASSES HELD EVERY WEDNESDAY PK FROM 12:30-1:30

Name of Child _____ Male Female Age /Grade _____ DAY and TIME of Dance Class _____
Name of Parent(s) _____ Home Phone (____) _____ Work Phone (____) _____ Emergency (____) _____
Street Address _____ City _____ Zip _____
Email _____ Health Concerns _____

SELECT SESSION: Session #1 8/25 – 10/19 \$104 Session #2 10/27 – 12/15 \$78 Session #3 1/12 – 3/09 \$117 Session #4 3/23 – 5/18 \$117

SELECT PAYMENT TYPE:

Check/Money Order (Make check or money order payable to Twinkle Toes Dance Productions)

**Enrollment will begin upon receiving payment

**Class tuition and Annual Registration fee are NON REFUNDABLE

Visa MasterCard Cardholder Name _____ Card # _____ Exp. Date _____

Single Payment Billing Address /Zip _____ Sec. Code _____

**Permission to process payment Cardholder Signature _____ Date _____

PayPal Online at PayPal.Me/twinkletoesdanceaz. (please include child's name and school in note) TUITION TOTAL \$ _____

PLEASE REMEMBER TO SIGN MEDICAL RELEASE BELOW

I, the undersigned, certify that I am the parent and/or guardian of the minor child above and grant permission for the child to participate in the dance/cheerleading classes held by Twinkle Toes Dance Productions, L.L.C. I warrant that the child is physically able to participate in such activities. I recognize the risks of injury in participating in such physical activities, and I allow the child to participate in said activities and am doing so at my/the child's sole risk. On behalf of myself and/or the child, I agree to hold harmless Twinkle Toes Dance Productions, L.L.C., its instructors, owners, officers, employees and/or agents, from any injuries or illness that may result from, directly or indirectly, said child's participation. I hereby freely and voluntarily release, discharge, waive and relinquish, on behalf of myself, the child and/or any other person claiming on my/the child's behalf, any and all claims, actions or causes of action whatsoever, including acts of negligence, whether occurring in the studio or away from the studio premises, and for whatever period said activities may continue, for personal injury, property damage, costs, liabilities or expenses (including attorney's fees and court costs) against Twinkle Toes Dance Productions, L.L.C., its instructors, owners, officers, employees, agents, affiliated entities and assigns acting on their behalf, and/or entities affiliated with Twinkle Toes Dance Productions, L.L.C., arising directly or indirectly from my child's participation in any such aforementioned activities. I further expressly agree that in the event that any portion of this Release shall be deemed unenforceable in a Court of law, in no event shall the liability to Twinkle Toes Dance Productions, L.L.C., exceed the amount of fees collected for the instruction provided to the child. I also authorize any representative of Twinkle Toes Dance Productions, L.L.C. to obtain for my child any emergency medical treatment they deem necessary. As the parent/guardian, I further agree that any medical attention obtained is done at my expense, and agree to reimburse Twinkle Toes Dance Productions, L.L.C. for any emergency medical costs incurred on my child's behalf. I have read, understand, and will abide by the payment policy and photo release.

Signature: _____ Printed Name: _____ Date: _____

**Must be signed by Parent/Guardian of the minor child before class. A separate Registration Form must be provided for each child.