

Steps to Grace Dance Academy

8018 N. 2nd St., Machesney Park, IL 61115, (815) 637-1990
stepstograce@comcast.net www.stepstograce.com

A Positive Place to Dance!

CLASS PAYMENT

Student Name: _____

Tuition Total: _____ Paid: _____

Amount: _____ Date: _____

Check# _____

Second 1/2 Payment: _____ Paid: _____

Amount: _____ Date: _____

Check# _____

****Annual registration fee:**

Fall 2010 Registration Fee \$15.00 per student/\$25.00 per family _____

Discounts!

- You qualify for a 10% discount off every class after the 1st class if:
 - the student enrolls in more than one class
 - more than one child per family is enrolled

TUITION SCHEDULE

Session Length— 14 weeks / September 8th – December 16th

| Class Length | 1 payment | 2 payments |
|---------------|-----------|------------|
| 30 minutes | \$130.00 | \$65.00 |
| 45 minutes | \$150.00 | \$75.00 |
| 1 hour | \$170.00 | \$85.00 |
| 1 hour 15min. | \$190.00 | \$95.00 |

***Prices are determined by class length and the number of weeks in the session.

**Registration fees & 1/2 of tuition payment must be made before a student may begin the session.

** NEW** CREDIT CARD PAYMENT

Credit Card # _____ Exp. Date _____

I hereby authorize Steps to Grace Dance Academy to charge my account in the amount of \$_____.

All charges will appear as Steps to Grace Dance Academy.

Signature _____ Date _____

RELEASE FORM

*Please sign below if you authorize Steps to Grace to use your child's photograph in our brochures and on our website. Names will never accompany your child's photo.

Parent/Guardian Signature _____

In consideration of the benefits derived from Steps to Grace Dance Academy, I (we) do hereby agree to indemnify and hold harmless, release, and discharge Steps to Grace Dance Academy of Machesney Park, IL., its agents/employees from any and all claims for personal injuries or property damage occurring to or sustained by me or my child while participating in said dance activities and including any and all consequential damage claims which I (we) may be entitled to recover from said injury or property damage claim. I (we) hereby certify that the above student is in good health and grant permission for the participation of the programs listed above.

Parent/Guardian Signature _____

Date _____