

STUDENT INFORMATION

Student's Name: _____

YMCA Member Non-Member Date of Registration: ____/____/____

Dance Experience: _____

Age: _____ Date of Birth: ____/____/____ Grade: _____

Address: _____

Parent(s) Responsible for the Student's Account: _____

Address (if different): _____

Primary Phone: _____ - _____ - _____ Email: _____

**AN EMAIL ADDRESS ON FILE IS IMPORTANT & REQUIRED FOR IMPORTANT COMMUNICATION UPDATES SENT THROUGHOUT THE YEAR.
PLEASE ADD OUR EMAIL TO YOUR CONTACT LIST & LIKE OUR FACEBOOK PAGE FOR ANNOUNCEMENTS!**

	30 MINUTE CLASS		45 MINUTE CLASS		60 MINUTE CLASS	
	MONTHLY	ANNUALLY	MONTHLY	ANNUALLY	MONTHLY	ANNUALLY
<u>MEMBERS</u>	\$25	\$225	\$36	\$324	\$46	\$414
<u>PROGRAM PARTICIPANTS</u>	\$50	\$450	\$72	\$648	\$92	\$828

PAYMENT TYPE:

Full Pay (5% Discount)

M: \$213.75 ; \$307.80 ; \$393.30
N: \$427.50 ; \$615.60 ; \$786.60

Monthly Installments

Complete the ACH form attached.

	<u># CLASSES</u>	X	<u>RATE \$</u>	=	_____
30 Minute Classes:	_____	X	_____	=	_____
45 Minute Classes:	_____	X	_____	=	_____
60 Minute Classes:	_____	X	_____	=	_____

SUBTOTAL: _____

IF YOU HAVE QUESTIONS ON TUITION PLEASE CONTACT:

Erin Elliott- eelliott@spencerymca.org

OR

Wendy McMullen- wmcullen@spencerymca.org

SCHOLARSHIP DISCOUNT (LESS): _____

OR

EMPLOYEE DISCOUNT (25%): _____

TOTAL TUITION: _____

<u>LEVELS</u> (*GUIDELINES*)	<u>CLASS</u>	<u>WEEKDAY</u>	<u>TIME</u>	<u>MINS</u>	<u>X</u>
ANY AGE	PRIVATE LESSON	Scheduled	Scheduled	30	SEPARATE FORM
3- 4 YEARS OLD	GROOVEMENT	Mondays	4:15-4:45pm	30	
4 YEARS OLD - KINDERGARTEN	PRE-DANCE 1	Tuesdays	4:45-5:15pm	30	
	PRE-DANCE 2	Tuesdays	5:15-5:45pm	30	
	HIPPITY-HOP	Thursdays	4:00-4:30pm	30	
1 ST -2 ND GRADE	BALLET 1	Mondays	4:15-4:45pm	30	
	JAZZ 1	Mondays	4:45-5:15pm	30	
*2 ND -4 TH GRADE	BALLET 2	Mondays	5:15-5:45pm	30	
	JAZZ 2	Mondays	5:45-6:15pm	30	
*5 TH -7 TH GRADE	BALLET 3	Wednesdays	4:00-4:45pm	45	
	JAZZ 3	Wednesdays	4:45-5:45pm	60	
*8 TH GRADE-ADULT	BALLET 4	Wednesdays	4:00-4:45pm	45	
	JAZZ 4	Wednesdays	4:45-5:45pm	60	
	ADVANCED JAZZ & LYRICAL	Tuesdays	4:00-5:00pm	60	
1 ST -3 RD GRADE	BEGINNER TAP	Mondays	5:15-5:45pm	30	
*4 TH GRADE-ADULT	TAP 2	Mondays	4:45-5:15pm	30	
	INTERMEDIATE/ADVANCED TAP	Mondays	5:45-6:15pm	30	
1 ST -3 RD GRADE	HIP-HOP 1	Thursdays	4:30-5:00pm	30	
4 TH GRADE-ADULT	HIP-HOP 2	Thursdays	5:00-5:45pm	45	
1 ST GRADE-ADULT	BEGINNER BATON	Thursdays	4:15-4:45pm	30	
*1 ST GRADE-ADULT	INTERMEDIATE/ADVANCED BATON	Thursdays	4:45-5:15pm	30	
2 ND -4 TH GRADE	BEGINNER LYRICAL	Thursdays	5:45-6:30pm	45	
*5 TH -8 TH GRADE	LYRICAL 2	Fridays	4:15-5:00pm	45	
*8 TH GRADE-ADULT	INTERMEDIATE LYRICAL	Mondays	6:15-7:00pm	45	
	ADVANCED JAZZ & LYRICAL	Tuesdays	4:00-5:00pm	60	
1 ST -3 RD GRADE	BEGINNER POM	Fridays	4:15-4:45pm	30	
4 TH -6 TH GRADE	POM 2	Fridays	4:45-5:15pm	30	
7 TH GRADE-ADULT	POM 3	Fridays	5:15-5:45pm	30	
1 ST GRADE-ADULT	STRETCH, STRENGTH, FLEXIBILITY	Fridays	5:00-5:45pm	45	

***Students are organized into classes by ABILITY, NOT AGE. Once the season begins, whether or not a student will be moved into a different class will be determined by 2 factors: CLASS PERFORMANCE & CLASS ATTENDANCE. Placement decisions are derived from many years of teaching experience.**

Often a student is placed in a particular group or class where he or she will feel confident, in order to promote the development of self-esteem. Some students who are placed in a higher level become discouraged, only to lose their passion for dance. Others respond to the challenge of being in a class with students who are more proficient by pushing themselves to work harder.

Placement is highly individual and the factors that go into the decision are complex.



REQUEST TO SPENCER FAMILY YMCA FOR

AUTOMATIC BANK DRAFT AGREEMENT FOR: **STUDIO Y DANCE & GYMNASTICS**

Name of PARENT:

Name of CHILD:

Date of Application:

Monthly Fee Deducted:

The bank depositor identified below hereby requests Spencer Family YMCA to establish an automatic bank draft arrangement for each item identified below and to draw deductions monthly under such an arrangement against the bank account identified below in payment of

2020-2021 Spencer YMCA Studio Y Dance & Gymnastics.

This form is for all Spencer Family YMCA bank draft arrangements. The arrangement pays for **Spencer YMCA Studio Y Dance & Gymnastics.**

The bank draft arrangement may be terminated by the bank depositor or by the Spencer Family YMCA effective upon receipt of such notice by the YMCA. If the bank arrangement is so terminated, the responsibility of the bank depositor, as such, for payment of fees shall cease, except with respect to any fees covered by automatic bank draft drawn prior to the date of termination. To cancel your bank deduction, you must stop by the Member Services Desk no later than 10 days before withdrawal dates and complete a stop payment form and **pay the balance of your STUDIO Y DANCE & GYMNASTICS BILL.**

____ (INITIAL) For my benefit and convenience, I hereby request and authorize the Spencer Family YMCA to charge my account an automatic bank withdrawal payable to the Spencer Family YMCA to its own order. This authorization, including yearly Dance Class rate increases or deductions will remain in effect until revoked by me in writing, and until you actually receive such notice I agree that the Spencer Family YMCA shall be fully protected in honoring any such withdrawal. **STUDIO Y DANCE & GYMNASTICS** balances must be paid in full before this agreement can be cancelled or terminated.

____ (INITIAL) In consideration of your compliance with such request and authorization, I agree that the YMCA's treatment of each such withdrawal, and YMCA's rights in respect to it shall be the same as if it were signed personally by me and that if any such withdrawal be dishonored, whether with or without cause, the YMCA is secure under no liability whatsoever even though such dishonor results in the forfeiture of membership. Each dishonored or returned bank draft will have a \$25.00 return service fee *attached to its redeposit amount. *The Y reserves the right to withdraw again 5 days from the return notification along with a \$25.00 return fee. You will be notified by phone before the withdrawal is made.

Please check one of the following draft options you would like to use for your child's **STUDIO Y DANCE & GYMNASTICS** bill.

Dues will be deducted on the 10th of the month & no later than the 15th of the month.

SAVINGS

CHECKING

BANK NAME:

FIRST NAME on Account:

LAST NAME on Account:

BANK ROUTING #:

BANK ACCOUNT #:

AMOUNT TO BE DRAFTED:

CREDIT CARD

VISA

MASTERCARD

DISCOVER

NAME AS IT APPEARS ON CARD:

CREDIT/DEBIT CARD NUMBER:

CARD EXPIRATION DATE:

3 DIGITS SECURITY CODE:

AMOUNT TO BE DRAFTED:

THIS AGREEMENT IS A CONTRACT UNTIL **STUDIO Y DANCE & GYMNASTICS BILL** IS PAID IN FULL. IF TERMINATION IS DONE BEFORE PAYMENT OF THE BALANCE IS EXPECTED, THE YMCA WILL ACT ACCORDINGLY FOR COLLECTION OF THIS AGREEMENT EXCEPT WHERE GOOD CAUSE CAN BE SHOWN.

SIGNATURE: _____

DATE: _____

(Signature of depositor(s) as shown on bank records for account to which this authorization is applicable.)