

For office use only

Your child's class

Meets on _____

at _____pm



TADA



TWIRLING & DANCE CLASSES

TADA is a non-profit organization. All proceeds go toward the Ann Amoia scholarship fund for all of *TADA*'s eligible seniors.

DANCE CLASSES BEING OFFERED

Dance classes are offered to children from **Pre-K** through **12th** grade

TWIRLING CLASSES BEING OFFERED

Twirling classes are offered to children from **1st** grade through **12th** grade

Class sizes are limited. You do not get to choose your class and/or time. The teacher decides which class your child will enter. The teacher's decision is final.

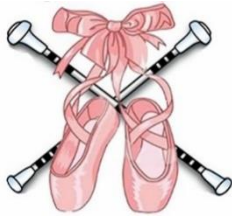
Tuition: Contact *TADA* (Includes registration, lessons, costumes, and recital trophy)

- A late fee of \$25 will be imposed if payments are not made in a timely manner.
- A fee of \$25 will be charged for returned checks.
- A costume will not be distributed for any child if payments are not made.
- It is the responsibility of the parent/guardian to advise the teacher or board member if a child has dropped out.
- *TADA* does not assume responsibility for any injuries sustained.
- Notify *TADA* of any medical conditions that the teacher should be aware of (confidentiality is assured)
- *TADA* strictly adheres to **five (5)** absences before dismissal. (Notify us for medical conditions that cause extended absenteeism)
- Any child not picked up immediately after lessons faces dismissal
- Observers will not be permitted to attend classes or remain in the school under any circumstances
- **NO REFUNDS WILL BE ISSUED ONCE CLASSES BEGIN**

Contact information: www.witada.com , witada411@gmail.com

Fill out and mail the following page to: *TADA* – P.O. Box 201, West Islip, NY 11795

Include check payable to *TADA* for the current tuition fee.



TADA



Registration Form
PLEASE PRINT ALL INFORMATION

I hereby give permission for _____ (child's name) to participate in the *TADA* program. I _____ (parent/guardian name) understand ...

- I am responsible for *TADA*'s current tuition with a check payable to *TADA*. All payments will be paid by the start of the first class.
- A costume will not be ordered/distributed for my child if I do not make my payments.
- It is my responsibility to advise the teacher or board member if my child has dropped out.
- *TADA* does not assume responsibility for any injuries sustained.
- *TADA* strictly adheres to five (5) absences before dismissal. (Notify us for medical conditions that cause extended absenteeism)
- Notify *TADA* of any medical conditions that the teacher should be aware of (confidentiality is assured)
- My child must wear the appropriate attire.
- Any child not picked up immediately after lessons faces dismissal.
- Observers will not be permitted to attend classes or remain in the school under any circumstances.
- **NO REFUNDS WILL BE ISSUED ONCE CLASSES BEGIN**

I have read and understand the above statements: _____
(Parent/Guardian Signature)

Child's Name _____ **Child's Age** _____ **Date of Birth** _____

Check the program(s) you are registering for: Twirling _____ Dance _____

Street Address _____ **City** _____ **Zip** _____

Home Phone No. _____ **Grade** _____

Cell No. _____ **E-Mail Address:** _____

PARENT PARTICIPATION IS APPRECIATED. PLEASE CHECK

Class parent _____ AND/OR Committee _____

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Date: _____

Tuition: _____

T-Shirt: _____

Pants: _____

Baton: _____

Total: _____

By: _____