

2019-2020 DANCE ENTRY FORM

Class time _____

Brookhaven Dance Academy

August is half price

Brookhaven Recreation Department

NAME	AGE	DATE OF BIRTH
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PARENT'S NAME	TELEPHONE (HOME)	(WORK)	(CELL)	TEXT
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MAILING ADDRESS	CITY	ZIP
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YEARS OF DANCE	TIME OUT OF SCHOOL	GRADE ENTERING
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SCHOOL	EMAIL ADDRESS
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August is half price

\$10.00 REGISTRATION FEE (due with form)	FEE PER MONTH (Due at first lesson of each month)
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All times, fees and apparel needed for classes are inside the Brookhaven Dance Academy pamphlet. All prices are based on hours taking. If you danced with BDA last year please check with office before marking an age group. You may not be in same class as your age. Any questions Laura (instructor) 601-320-8552

First Class – Monday, August 19 Payable to: Brookhaven Recreation Dept.

Core Classes:

____ Age 3 (tap, ballet) \$60.00 month
45 minutes a week

____ Age 4 (tap, ballet) \$60 month
45 minutes a week

____ Age 5-6 (tap, jazz, ballet) \$65 month
One hour a week

____ Age 7-8 Tap/Jazz/Ballet \$70 month (One hour 15 minutes a week)

____ Age 9-10 Tap/Jazz/Ballet \$85.00 month
2 days a week(one hour each day)

____ Level 2 Intermediate Jazz/tap/Ballet \$85.00 month
2 days/2 hours per week

____ Level 3 Advanced Jazz/tap/Ballet \$ \$90 month
2 days/2 hours and 15 minutes

Optional Classes to take or to add on to core classes:

____ Hip Hop 1 (Age 7-10) \$60.00 month _____ Add on \$30.00 per month
45 minutes a week

____ Hip Hop 2 (11 & up) \$65.00 month _____ Add on \$35.00 per month
One hour a week

____ Acrobatic/Lyra/Contortion \$75.00 Month _____ Add on \$40.00 per month
Age 6 & up One hour and 30 minutes each week

____ Pointe' 1 Add on only \$35.00 per month
One hour each week

____ Pointe' 2 Add on only \$40.00 per month
One hour and 15 minutes each week

Must be approved by Ms Laura to take these classes.

Fittings are at Recreation Dept. – August 5, 7, 13 – 3:45 – 6:00 P.M.

RELEASE, PHOTO AGREEMENT, PAYMENT AGREEMENT BY PARENT OR GUARDIAN

I _____, AM THE NATURAL PARENT AND/OR
PARENT
GUARDIAN OF THE MINOR CHILD _____ WHOSE

BIRTHDAY IS child _____.

BIRTHDAY

BY VIRTUE OF AND IN CONSIDERATION OF THE CITY OF BROOKHAVEN AND ITS

DEPARTMENT OF RECREATION ALLOWING MY MINOR CHILD TO PARTICIPATE IN THE

FOLLOWING RECREATIONAL ACTIVITY, TO-WIT:

DANCE

I DO HEREBY, ON BEHALF ON MY MINOR CHILD, RELEASE SAID CITY AND

DEPARTMENT FROM ANY RESPONSIBILITY FOR ANY HARM OR INJURY, (OR ANY LIABILITY

WHICH MAY RESULT THEREFROM) WHICH SAID CHILD MAY EXPERIENCE OR SUFFER FROM

WHILE PARTICIPATING IN OR ATTENDING A RECREATIONAL ACTIVITY SPONSORED,

OPERATED OR CREATED BY SAID CITY AND DEPARTMENT. I FURTHER RECOGNIZE AND

ACKNOWLEDGE THAT THE SAID CITY AND DEPARTMENT WILL PROVIDE NO HEALTH AND

ACCIDENT INSURANCE FOR MY CHILD TO COVER MY CHILD FROM BODILY INJURY HE/SHE

MAY SUFFER WHILE PARTICIPATING IN THE CITY AND DEPARTMENT RECREATIONAL

ACTIVITIES. I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AND AGREE TO ITS

TERMS. THE RECREATION DEPARTMENT OR CLASS INSTRUCTORS HAS PERMISSION TO USE

ANY PHOTOGRAPHY TAKEN DURING THE CLASSES FOR PUBLICITY PURPOSES. I AGREE TO

PAY MONTHLY TUITION UNTIL I HAVE NOTIFY THE RECREATION DEPT. IN WRITING. I HAVE

READ AND AGREE TO THE BROOKHAVEN RECREATION DEPARTMENT POLICY THAT IS

ATTACHED.

SIGNED _____ DATE _____