

# ***TWINKLE TOES DANCE PRODUCTIONS LLC*** ***IS EXCITED TO OFFER CLASSES AT*** **OUR LADY OF PERPETUAL HELP**



**CLASSES HELD EVERY FRIDAY**

**1:15-2:00**

**\*\* Free Trial Class \*\***  
**Friday, August 31<sup>st</sup>**

**Classes START September 7th**

**TUITION**

**\$45 per month (4 classes) or  
\$129 per quarter (12 classes)**



**For questions please contact Jaime Shawl at (623) 810-6153 or [jaime@twinkletoesdance.com](mailto: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!!**

**REGISTRATION FORM** Cut form along line above and mail in with payment to Twinkle Toes Dance Productions, LLC. 20118 N. 67th Ave. Ste. 300 #268, Glendale, AZ 85308

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

**SELECT TUITION TYPE:** ☐ Monthly (\$45 = 4 classes) ☐ Quarterly (\$129 = 12 classes - BEST PRICE)

**SELECT PAYMENT TYPE:**

**\*\*Enrollment will begin upon receiving payment**

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

**\*\*Class tuition and Annual Registration fee are NON REFUNDABLE**

☐ Visa ☐ MasterCard Cardholder Name \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

☐ Single Payment Billing Address /Zip \_\_\_\_\_ Sec. Code \_\_\_\_\_

☐ Auto Payment Each Session \*\*Permission to process payment Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Tuition Total \$ \_\_\_\_\_ Annual \$15 Registration Fee \$ \_\_\_\_\_ Total Amount Paid \$ \_\_\_\_\_

**\*\*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.**