

Let's Dance of Culpeper LLC

540-829-2439

www.letsdanceculpeper.com

Dear Families,

Thank you for your interest in the Afterschool program of Let's Dance of Culpeper LLC. Here we provide a reliable After School program dedicated to parents who desire a safe, fun, nurturing environment for their children to develop and learn. At Let's Dance of Culpeper LLC we focus on self esteem, self confidence, and self expression. We believe we can teach these through dance, academics, arts, and music as well as nurturing your child every day they walk through our doors. Enclosed are the forms that are required to complete your child's registration. To hold your child's spot in the program, please complete and return the registration form with the annual registration fee of \$65 (if this has already been paid for 09-10 dance you will not need to pay twice), the first months tuition. This amount is non-refundable and holds your child's spot in our program.

Please complete and provide the following items to hold your child's spot in our program:

- Registration Form (included in packet)
- Emergency Medical Information and Authorization Form (included in packet)
- Teacher Information Form (included in packet)
- Certification of Immunization Form for the State of Virginia (included in packet -to be completed by your child's pediatrician)
- Signed portion of the Policies and Procedures (included in packet)
- Annual registration fee of \$65
- Tuition installment for the month. You may also prepay the tuition for the entire school year and receive 10% off.

Please mail the completed registration packet with all appropriate fees (please make checks payable to Let's Dance of Culpeper to the following mailing address:

Let's Dance of Culpeper LLC
128 West Culpeper Street, Suite 200
Culpeper, Virginia 22701

Classes begin August 24th 2009 and end June 18th 2010. If you have any questions, please contact us at 540-829-2439.

Sincerely,

Janna M. Coppage

Managing Director

~ **2009-2010 Registration Form** ~

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Student's Name _____

Address _____

City _____ Zip _____

Home Phone _____ Birthday / / Age _____

Email Address:

(Emails are used to update parents on rehearsals, costumes, and events. Please provide an email that is checked often)

Mother's Name _____

Home Phone _____ Cell Phone _____

Father's Name _____

Home Phone _____ Cell Phone _____

Emergency Contact Name _____

Home Phone _____ Cell Phone _____

How did you hear about us: **FRIEND** (Name?) _____

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Let's Dance of Culpeper LLC

Afterschool Policy and Procedures

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Please read the following carefully, sign and return the bottom portion with your registration packet.

MONTHLY TUITION: Tuition is due on the first of each month, this does not change due to missed classes, weather, holidays, etc. Printed statements and bills will not be given monthly nor will there be phoned reminders. Payments may be left in the drop box and will be credited to your account the next day. Credit Cards can be taken via the phone or online. **A \$20.00 late fee will be charged for payments received after the 5th of the month. Students will not be permitted to take the class if there is an unpaid balance of over 30 days.** Any accounts over 60 days may be turned over to collections. **Tuition is not refundable.** A \$35.00 fee will be charged on all returned checks.

WITHDRAWAL FROM CLASSES: If you plan on withdrawing from class 30 days written notice is required in advance. This notice must be given in our withdrawal form; you may pick this up at the studio or online. Billing will continue throughout those 30 days.

HOLIDAYS: The studio will be closed on the following dates:

- Holidays are:
Thanksgiving Break – **November 25-27**
Winter Break – **December 23- December 25 and January 1**
Spring Break – **April 2 and April 5**

During teacher work days or holidays that we are open (i.e. Presidents Day) an additional \$10 per day will be required. Weather closures also will follow Culpeper Public Schools. In the event of a delay afterschool will be still be open in the afternoon. In the event of an early release we will close 1 hour early. In the event of Culpeper schools closing we too will be closed. Our website and voicemail will be updated to let parents know so please call 540-829-2439 or visit www.letsdanceculpeper.com.

Let's Dance of Culpeper LLC admits any qualified student and does not discriminate regardless of race, color, religion, sex, national and / or ethnic origin.

Medical

Keeping everyone healthy is one of our major goals. If your child is showing signs of illness or you know they were recently exposed to a highly contagious disease, please do not bring your child to class. If your child is showing signs of illness you will be asked to take them home. Some of the illnesses may include but are not limited to the following (reported from the Committee on Infectious Diseases):

- Any illness that results in greater care than the staff can provide without compromising the health and safety of other children.
- The child has any of the following: fever, lethargy, irritability, persistent crying, difficulty breathing, lesions, persistent cough, abundant green mucus, or other signs of severe illness.
- Any illness that prevents the child from participating in class activities.
- Diarrhea
- Vomiting two or more times in the previous 24 hours.
- Mouth sores associated with drooling unless that cause is determined by a physician to be non-infectious.
- Rash with fever or behavior change.
- Pink Eye – has a yellow or green discharge.
- Impetigo – until 24 hours after treatment has been started.
- Strep Throat – until treatment has been started for at least 24 hours.
- Head lice until the morning after treatment has begun (please advise our staff as soon as diagnosed as this spreads rapidly).
- Chicken pox – until the after the sixth day after the onset of the rash or lesions have crusted and dried.
- Scabies – until treatment has been completed.
- Hepatitis A Virus until one week after the onset of the illness and jaundice has disappeared.
- Tuberculosis, whooping cough, mumps, measles – until the physician determines the child can return.

Minor accidents will be treated at the school with standard first aid procedures and reported to parents. In the case of an accident requiring medical attention, the parent will be called immediately. In the event emergency services are required, the parent will be contacted after the ambulance personnel have been contacted.

No medications will be given to a student by our staff.

Dropping off / Picking up

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Children must be picked up no later than 6PM unless they are in a dance class after that time. You may be assessed a late pick-up charge of \$5 per every ten minutes over the pick up time.

The child's parent(s) must pick up and drop off their child unless other arrangements have been confirmed with Let's Dance Staff. Parents must walk children and come in to pick children up. In the event that you are having someone other than yourself pick up your child, you must notify the teacher and the individual must be listed on your Emergency Medical Information & Authorization Form as an approved person to pick up your child. They will be asked by the teacher to show ID when picking up your child.

A daily snack will be provided for your child but we highly recommend sending a drink everyday. Please be sure that you notify our staff of all allergies.

Parents may bring in a snack (cupcakes, cookies, etc.) for their child's birthday or other special occasions. Please coordinate the time and day with your child's teacher when you are going to be bringing it in so that she may prepare accordingly and advise you of any food allergies.

If your child has a known allergy or develops a new allergy, please notify the school and the teacher immediately.

You must provide a phone number where you can be reached in case of an emergency. After three attempts, your emergency contact person (provided by you) will be contacted.

Children who are taking part in our dance program must have their dance shoes and attire with them for class they are still expected to follow the dress code for dance classes.

Discipline / Behavior

Safety of our children is of major concern. The teacher does reserve the right to separate any child that is persistently misbehaving or not listening to the instructors from the other children especially if harming another child. Please discuss proper school time behavior and conduct with your child. Please also share any information with your child's teacher that you feel may be helpful in dealing with your child if they have a tendency to be disruptive or act out. If a child is deliberately harming him/herself or other children and will not stop, you will be called and asked to pick up your child.

We realize some children may have a difficult time being apart from their caregiver/parent. Every attempt will be made to engage your child upon arrival and to ease any separation anxiety including calming and comforting a crying child, however in the event that your child is uncontrollably upset for over 30 minutes, and is unable to be consoled, you will be contacted for pick-up. You may request that you be contacted sooner than 30 minutes if you desire.

Please sign and return this page.

The undersigned hereby acknowledges that he/she has read, understands and agrees to the Let's Dance of Culpeper LLC Policies and Procedures. In the event that the

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undersigned and/or his/her child doesn't follow the above stated Policies and Procedures, Let's Dance of Culpeper LLC reserves the right to withdraw your child from the program and the undersigned may be financially liable for any intentional wrongdoing.

Must be signed by parent or legal guardian of enrolled child

I have read and agree to all terms and conditions of the policies of Let's Dance of Culpeper LLC. By signing this I agree to abide by all terms of Let's Dance of Culpeper LLC.

Signature: _____

Printed Name: _____

Student Names: _____

Date: _____

Let's Dance Of Culpeper LLC. Employee: _____

Printed Name: _____

Emergency Medical Information & Authorization Form

2009- 2010

Child's Name _____

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Birth Date _____

Parents Names _____

Address _____

Home Phone # _____ Cell Phone# _____

Work Phone # _____

Email Address _____

Family Physician _____ Phone # _____

Health Insurance Provider _____ Policy # _____

List any allergies or medical conditions _____

Any current medications _____

People Allowed to Pick up Your

Child _____

People NEVER allowed to Pick up Your Child

In the unlikely event of emergency or in case school must be dismissed early, we will contact you at the number(s) provided. If neither parent can be reached, please list the name and number of two additional people that can be contacted and will be able to come pick up your child.

Emergency Contact #1:	Name:	Phone #:
Emergency Contact #2:	Name:	Phone #:
Emergency Contact #3:	Name:	Phone #:

EMERGENCY TREATMENT AUTHORIZATION

I, _____, hereby grant Let's Dance of Culpeper LLC, its teachers or other employee or agent, authority to obtain emergency medical treatment for and on behalf of my child listed on this form. I authorize the providers of emergency medical care to take such steps as in their opinion are appropriate, considering the present state of medicine and in accordance with applicable standards of care.

Parent or Legal Guardian's Signature Date