

## Roots Gymnastics & Dance Dance Program Welcome Packet

Welcome to Roots Gymnastics & Dance! We are excited to have your child(ren) as a part of our dance classes and look forward to watching them grow as dancers over the next semester.

This welcome packet is designed to ensure parents are aware of the commitments that are required for your children to participate in dance at Roots. Our goal is that all children participating will receive the same quality experience, and to do so, it will require each student's parent/guardian to be involved and committed. After reading through this packet, please initial & sign the final page and return it to the front desk by the first day of class.

#### TRIMESTER COMMITMENT

Our dance classes operate on a trimester basis. The first trimester runs from September through December, the second trimester runs from January through May, and the summer trimester runs from June through August. Those who are registered for the first trimester will automatically be enrolled in the second trimester unless notified otherwise before December 20<sup>th</sup>. The first and second trimester conclude with a recital, where students will showcase their hard work. Choreography will be taught during allotted class time and there will be at least 1-2 rehearsals outside of class before each recital. Our summer classes are not a full trimester commitment and run on a month-by-month basis.

#### **TUITION & ASSOCIATED FEES**

- AUTOPAY Participation in our dance program requires either payment information to be kept on file for
  automatic monthly payments, or if you choose not to keep payment information on file, you can opt to pay the
  entire semester's tuition in full. For those who keep payment information on file, tuition for the next month's
  classes will be automatically charged on the 21<sup>st</sup> of each month. You will receive an invoice via email regarding
  the upcoming payment a few days before the due date.
- RECITAL FEES To cover the costs associated with the recital, there is a recital fee of \$150 each semester. This fee covers extra rehearsal time, costumes, and the technical aspects of the show. You can either choose to pay the recital fee in full by the 21<sup>st</sup> of the first month of classes, or you can choose to break up the payments in \$50 increments to be split between the first three months of classes. Please note that the option to break up payments is only available to those who have opted to keep payment information on file. The recital fee is non-refundable regardless of your child being able to perform.

The options for the recital fee payment schedule are as follows:

1<sup>st</sup> Semester:

Opt. 1 - \$150 due by Sep 21st

Opt. 2 - \$50 due by Sep 21st, Oct 21st, and Nov 21st

2<sup>nd</sup> Semester:

Opt. 1 - \$150 due by Jan 21st

Opt. 2 - \$50 due by Jan 21<sup>st</sup>, Feb 21<sup>st</sup>, and Mar 21<sup>st</sup>

• WITHDRAWAL — In the event that your child decides to withdraw from dance mid semester, you will still be accountable for the remaining tuition of the semester. (For new students who have not previously participated

in classes before, there will be a "trial" period in which a student can withdraw without owing for the remaining semester's tuition. This trial period ends Oct 1<sup>st</sup> for the first semester, and February 1<sup>st</sup> for second semester.)

#### **DRESS CODE**

To maintain a professional environment and promote safety, we require a dress code for all participants. Proper dance attire not only helps instructors assess and correct body alignment, but it also fosters a sense of unity among our dancers. The dress code guidelines are as follows:

- Tumble Dance: Comfortable form-fitting athletic clothing (leotards highly encouraged)
- Ballet: Comfortable form-fitting athletic clothing (leotards highly encouraged)
- Hip Hop: Movable clothing and either clean sneakers or barefoot

#### PARENT OBSERVATION

To maintain a focused learning environment, we generally discourage parents from observing classes inside the studio. However, most studios have a window in the door allowing you to watch from the outside. We will have a scheduled "Parent Observation Week" once each trimester where student guardians are invited into student classes to observe.

#### **ATTENDANCE**

Regular attendance is crucial for progress and continuity in learning. During each semester, it is very important that all children come to class in order to move forward with dance choreography. By registering in class, you agree to keep your child enrolled until the end of the semester to ensure your child's participation in the recital. If a child were to drop from class in the middle of preparation for the spring recital, it would impact the rest of the class and require changes to the final performance. We ask that you only miss class when absolutely necessary. When a child is absent, it means all the students will have to review choreography when the missing child returns. If this happens regularly, we cannot continue to learn the rest of the dance. After choreography has begun (which is approximately mid semester), if your child misses more than 3 classes, they may be unable to perform in the recital. There are no adjustments of tuition for absences.

#### **RECITALS & REHARSALS**

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1^{st} Semester:
    Winter Recital – (TBD – will be announced by Sept 1^{st})
    Rehearsals – (TBD – will be announced by Sept 1^{st})

2^{nd} Semester:
    ACROtainment – May 30^{th}-31st
    Rehearsals – TBD
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Thank you for reading through this welcome packet. If you have any additional questions, concerns, or updates regarding your child's classes, please feel free to reach out to the Coach, Dance Director, or the Roots Front Desk Staff. We are here to support your child's dance experience and look forward to a fantastic semester!

Sincerely, The Roots Crew



# Roots Gymnastics & Dance **Dance Program Policies & Tuition Agreement**

TRIMESTER COMMITMENT (1 &	(2) – Students are committed for the duration of the trimester.
	ss, my child will be registered for the entire Trimester. Trimester 1 runs
from September until the end of December. S	semester 2 runs from January until the end of May. If I choose to withdraw
from classes mid trimester, I will still be accou	untable for the remaining tuition of the trimester.
ATTENDANCE – Students will at	tend class regularly.
I acknowledge that frequent absences could jo	eopardize my child's ability to perform in the recital.
RECITAL/REHEARSALS – Studen	ts will participate in the end of semester recital and rehearsals.
I acknowledge that my child will perform in th	ne end of semester recital and will attend the accompanying rehearsals.
Semester 1 Recital: TBD	Semester 2 Recital: TBD
Rehearsals: TBD	Rehearsals: TBD
RECITAL FEE – Payment for the	recital fee is \$150.
	for each semester. Regardless of your child's ability to perform, the recita
fee is Non-Refundable. Please select one of th	
☐ Opt. 1- I choose to pay the recital fee in ful	Il by the 21 <sup>st</sup> of the first month of classes.
☐ Opt. 2- I choose to break up the payments	in \$50 increments to be split between the first three months of classes.
(Note: option 2 is only available to the	ose who have chosen to keep payment information on file.)
TUITION – Participation require	es either payment information kept on file, or tuition paid in full.
Please select one of the following:	
<ul> <li>Opt. 1- I authorize Roots to retain paymen</li> <li>I am aware that Roots sends monthly</li> </ul>	nt information on file for tuition and recital fees. (please see back of form) statements by email.
<ul> <li>I understand if an alternative paymen payment information on file on the 22</li> </ul>	it is not made ahead of time, Roots will automatically charge the saved 1 <sup>st</sup> of each month.
<ul> <li>I understand if I choose to withdraw f tuition of the semester.</li> </ul>	rom classes mid semester, my account will be charged for the remaining
<ul> <li>I will receive an email notification if m \$10.00 late fee.</li> </ul>	ny payment information is declined. A declined transaction will result in a
☐ Opt. 2- I choose to pay the entire semeste	r's tuition and recital fee in full.
<ul> <li>I am aware that the semester's tuition</li> </ul>	n is due before the first day of class.
<ul> <li>I will pay the recital fee in full by either</li> </ul>	er Sept 21 <sup>st</sup> for Semester 1 or Jan 21 <sup>st</sup> for Semester 2.
<ul> <li>I understand that if I choose to withdr</li> </ul>	raw from classes mid semester, there will be no refunds/credits.
Print Child's/Children's Name(s)	Print Parent/Guardian's Name

Date

Parent/Guardian Signature

### **Payment Information for Autopay**

For autopay you can choose to keep either echeck or debit/credit information on file.

I authorize Roots to retain payment information on the file for tuition and recital fees.

- Monthly statements will be sent by email.
- If an alternative payment is not made ahead of time, Roots will automatically charge the saved payment information on file on the 21<sup>st</sup> of each month.
- Mid semester withdrawals will still be accountable for the remaining tuition of the semester.
- Email notification will be sent for a declined payment and a \$10.00 late fee will be applied.

Primary Contact on Roots Account		
Name on Checking Account (printed): _		Phone:
Billing address on acct :	City/State:	Zip:
Email address:		
☐ Checking	☐ Savings ☐ Business Checking ☐	☐Business Savings
Name of Bank:		<del></del>
Bank Routing Number:		
Bank Account Number:		
authorize Roots Gymnastics and Dance to	retain my banking information to use on the aborimary contact has permission to charge tuition	•
I authorize Roots Gymnastics and Dance to Information will be kept confidential. The p	,	n and other expenses to my account.
I authorize Roots Gymnastics and Dance to Information will be kept confidential. The p Signature of Account Holder  DEBIT/CREDIT CARD AUTHORI	primary contact has permission to charge tuition	n and other expenses to my account.  Dated:
I authorize Roots Gymnastics and Dance to Information will be kept confidential. The p Signature of Account Holder  DEBIT/CREDIT CARD AUTHORI  Primary Contact on Roots Account	primary contact has permission to charge tuition	n and other expenses to my account.  Dated:
I authorize Roots Gymnastics and Dance to Information will be kept confidential. The p Signature of Account Holder  DEBIT/CREDIT CARD AUTHORI  Primary Contact on Roots Account  Name as it appears on card (printed):	Primary contact has permission to charge tuition	n and other expenses to my account.  Dated: Phone:
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Dated: \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_\_