



VITACCA

VOCATIONAL SCHOOL FOR DANCE

SCHOOL TRAINING (DIV A/B)

Registration Form 2023-24

Term One | Aug. 28 -Dec. 21

Term Two | Jan. 8 – May 18

***Spring Soiree Performance Week May 20-25**

Vitacca Vocational School for Dance Houston

2311 Dunlavy St, Suite 210

Houston, TX 77006

713.205.0355 | HoustonAdmin@VitaccaDance.com

Please complete all requested information and return to Vitacca by mail or email prior to first day of class.

DANCER'S INFORMATION

STUDENT'S NAME: _____

(Last)

(First)

Street Address: _____

City: _____ State: _____ Zip: _____ Age: _____ Birthdate: _____ Gender: _____

School: _____ Grade: _____ Home Phone _____ Cell Phone: _____

Training Experience: _____

PARENT/GUARDIAN Responsible for Payments:

Mother's Full Name: _____ Father's Full Name: _____

Mobile Phone: _____ Mobile Phone: _____

E-mail: _____ E-mail: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone #: _____

AGREEMENTS AND RELEASE

Please initial to notate acknowledgement and agreement.

____ Vitacca Vocational School for Dance, Houston classes are closed for viewing. Parents will be allowed to view classes during Parent Observation Week each term.

____ Vitacca Vocational School for Dance, Houston students wishing to participate in Vitacca performances may not take ballet, contemporary or modern lessons at other studios/schools.

____ Vitacca Vocational School for Dance, Houston students may not participate in performances for another studio in which the student is performing Ballet, Contemporary or Modern.

____ All tuition and fees are **non-refundable** (includes paid full year tuition, and all other fees). (In the case of serious illness or injury, exceptions may be made at the discretion of the School.)

____ Withdrawal from the School must be made in writing 30 days prior to the last lesson attended. Tuition will be charged until 30 days after the written notice is received. (This does not apply to discounted pre-paid tuition. There are no refunds.)

____ Division training costs (tuition) is based on a 35-week season and divided into ten payments from August through May. Month to month registration is not allowed.

____ Covid-19 Release Statement #1- Vitacca Vocational School for Dance (Vitacca Dance) has put in place heightened cleaning measures to reduce the spread of Covid-19. However, Covid-19 has been proven to be highly contagious and asymptomatic in some persons. Therefore, Vitacca Dance cannot guarantee that you or your child(ren) will not become infected with Covid-19. Further, attending Vitacca Dance could increase your risk and your child(ren)'s risk of contracting Covid-19. By initialing you acknowledge the contagious nature of Covid-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by Covid-19 by attending Vitacca Vocational School for Dance, Woodlands, and Houston locations and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

____ I understand as of June 20, 2021, masks will be optional at Vitacca Vocational School for Dance Houston and Woodlands.

Participation Release Agreement

____ In consideration for receiving permission to participate in this class, performance, rehearsal, or any and all activities related thereto, including but not limited to travel between sites or locations ("Activities"), I hereby release, indemnify, and covenant not to sue Kelly Ann Vitacca, Vitacca Vocational School for Dance, Houston., and any associates or employees thereof ("Releasees"), for any and all claims, costs and causes of action for property damage or personal injury, sustained by me while participating in Activities, whether arising from statute, code, ordinance, tort, common law or other source.

____ I acknowledge that Activities I will perform may be physically strenuous. I know of no physical or mental condition, which would preclude or inhibit my full participation in Activities. I am fully aware of the risks and hazards involved with Activities, including but not limited to slips, trips, falls, breaks, heat stroke, heart attack, exhaustion, dehydration, and other related injuries. I choose to voluntarily participate in Activities with full knowledge that they may be hazardous to my property and me.

____ I understand that Releasees do not maintain any insurance policy covering any circumstance arising from my participation in Activities or any event related to that participation. I am aware and understand that I should obtain and review my personal insurance coverage.

In signing this release, I acknowledge that I have read and understood the Release, that I am at least eighteen (18) years of age or my guardian is at least eighteen (18) years of age and fully competent.

Photo | Video | Release Agreement

____ In consideration of good and valuable considerations, the receipt of which is hereby acknowledged, I hereby grant to Vitacca Vocational School for Dance, Houston, its nominees, designees, successors and assigns, or those for whom they are acting, the absolute right and permission to copyright, and/or use, and/or publish photographs/videos of me, or in which I may be included in whole or in part, or composite, or distorted in character or form, in conjunction with my own or any other picture/video or reproductions thereof made at its studios or elsewhere, for art, advertising, business or trade, news reporting, social media, website, or any other lawful purpose whatsoever. I hereby waive any right that I may have to inspect and approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied.

School Training Program Division A/B

Health Information

Please list any allergies: _____
 Please list additional health information if necessary: _____

I hereby give my permission to Vitacca Vocational School for Dance personnel to authorize any minor emergency medical treatment that may be required during Vitacca Vocational School for Dance program including: Intensives, Dance Class, Invite Class, Open Class, Rehearsals, Master Classes and Performances. I understand that I am responsible for all charges because of such care and medical treatment.

Name of Participant, Parent or Guardian: _____
Signature: _____ **Date:** _____

Class Selection:

Mandatory classes include 3 ballet, 2 pointe and one extended training class including contemporary or modern. For greatest growth and development, it is highly recommended dancer attend all classes listed below. Please select your preferred day/time by placing an **X** next to the class.

- | | | |
|--|---|---|
| <input type="checkbox"/> Monday, 6:00-7:15 – Ballet | <input type="checkbox"/> Wednesday, 6:00-6:45 – Modern | <input type="checkbox"/> Friday, 5:00-6:15 – Ballet |
| <input type="checkbox"/> Monday, 7:15-8:15 – Pointe | <input type="checkbox"/> Wednesday, 6:45-8:00 – Ballet | <input type="checkbox"/> Friday, 6:15-7:00 - Pointe |
| <input type="checkbox"/> Monday, 8:15-9:00 – Classical Ensemble* | <input type="checkbox"/> Thursday, 5:45-6:15 – Conditioning | |
| <input type="checkbox"/> Tuesday, 5:45-6:30 – Contemporary | <input type="checkbox"/> Thursday, 6:15-7:30 - Ballet | |
| <input type="checkbox"/> Tuesday, 6:30-7:45 – Ballet | <input type="checkbox"/> Thursday, 7:30-8:00 - Pointe | |
| <input type="checkbox"/> Tuesday, 7:45-8:30 – Pointe | | |

*Performs with Studio Company

Attire:

Division A/B Dress Code Attire to be purchased through Vitacca at time of registration.

SoDanca Leotard (Dark Purple) | \$41.65

Size: (circle one) _____ **Quantity:** _____
 IC intermediate child (6-7) MC medium child (8-10)
 LC large child (12-14) YJ youth junior (14-16)
 PA petite adult (0-2) SA small adult (4-6)
 MA medium adult (7-8) LA large adult (10-12)

Tuition is divided into 10 installments. Installments are provided for your convenience. You are committing to the Aug-May training program. Tuition is due on the 1st of every month and late on the 3rd. Credit cards incur a 2% additional fee.

Vitacca Swag Add-ons:

- ___ Vitacca Jacket (BLACK or TEAL) **\$75**
Size: _____
- ___ Vitacca Sweatpants **\$55**
Size: _____
- ___ Vitacca T-shirt **\$25**
Size: _____
- ___ Vitacca Dance Draw-string Bag **\$10**
- ___ Vitacca School Car Sticker **\$2**
- ___ Vitacca Water Bottle **\$8**

Tuition Payment Options:

Option A: Pay in Full (Aug-May) 3% discount offered through September 8th
Cash, Check, or Zelle ONLY

Option B:
 Installments: 10 payments August 2023-May 2024*
 *A credit or debit card must be placed on file for this option.

Payments via Zelle accepted:



info@vitacca.org

Payment Information

I understand that all tuition and fees are NON-REFUNDABLE. I also understand make-ups for missed classes are based on availability. **I understand a credit card must be on file for my dancer to participate in class.**
INITIAL HERE _____

Name on Credit Card: _____ Card Type: _____ (**AMEX & DISCOVER ARE NOT ACCEPTED**)
 Billing Address: _____ City: _____ State: _____ Zip Code: _____
 Credit Card Number: _____ Expiration: _____ Credit Card ID #: _____

I authorize Vitacca Vocational School for Dance to make charges to my account on the first of each month for the agreed tuition amounts written below and within my registration information or if paying by check, I authorize Vitacca Vocational School for Dance to make charges to this account if payment is not otherwise received within three days of due date, including a \$30 late fee. An NSF fee of \$25 will be applied to all declined payments.

TUITION INFORMATION:

OPTION A (3% Discount applied)
 Installment Amount: \$3645.67 (3 Ballet + 2 Pointe)
 Add Contemporary \$560 | Add Modern \$560 |
 Add Conditioning \$509.25 | Add 4th Ballet \$713 |
 Add 5th Ballet \$713 | Add Extra Pointe \$509.25
Total Option A = \$ _____

OPTION B
 Installment Amount: \$372.75 (3 Ballet + 2 Pointe)
 Add Contemporary \$57.75 | Add Modern \$57.75 |
 Add Conditioning \$52.50 | Add 4th Ballet \$73.50 |
 Add 5th Ballet \$73.50 | Add Extra Pointe \$52.50
Total Option B = \$ _____

Registration Fee = \$ _____ \$50
Add Attire = \$ _____
Add Swag = \$ _____
Total Due at time of registration = \$ _____

Complete agreed payment method and charges:
 _____ Monthly Payments of \$ _____ charged on credit card stated above by the 1st of the month
 _____ Monthly Payments by check, per my monthly invoiced amount
 Credit card holder printed name: _____
 Signature: _____ Date: _____