

The Edge Performing Arts Centre

721 Main, Winfield, Kansas 67156

(620) 229-9300

Welcome

Our Mission Statement

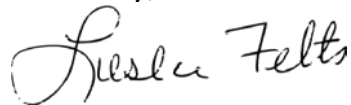
“To use the fine arts to develop dedication, appreciation, and discipline that lasts a lifetime.”

Welcome to the Edge Performing Arts Centre! Our Award-Winning staff of Instructors, Choreographers and Student Teachers is eager to enrich your life through the expression of dance and music.

In December of each year our Ballet students put on a production of “The Nutcracker” with rave reviews from the community. We will continue to make this an annual event for those students enrolled in our Ballet program. There will also be a recital at the end of the year for all Students except Ballet.

We look forward to your participation in our studio.

Sincerely,



Leslie Felts
Studio Owner

*****The EDGE Performing Arts Centre*****

FALL SCHEDULE
BEGINS AUGUST 19, 2019

Name: _____ Date: _____

MONDAY

- ____ 3:45 – 4:15 PM – Pointe – Donnette – Room 3
- ____ 4:15 – 5:15 PM – Ballet 2 - Donnette – Room 3
- ____ 5:15 – 6:00 PM – Conditioning & Flexibility – Donnette – Room 3
- ____ 6:00 – 7:00 PM – Ballet 3 – Donnette – Room 3
- ____ 6:15 – 7:15 PM – Intermediate Jazz – Sara – Room 1
- ____ 7:00 – 8:00 PM – Advanced Jazz – Donnette – Room 3
- ____ 7:15 – 7:45 PM – Pre-Pointe – Sara – Room 2
- ____ 8:00 – 8:45 PM – Musical Theatre Level 2 – Sara – Room 2

TUESDAY

- ____ 3:45 – 4:15 PM – Pre-Pointe – Kaitlyn – Room 3
- ____ 4:15 – 5:15 PM – Intermediate Tap – Kaitlyn – Room 1
- ____ 5:15 – 6:00 PM – Conditioning & Flexibility – Sara – Room 3
- ____ 5:15 – 6:00 PM – Combo 1 – Chelo – Room 1
- ____ 6:00 – 6:45 PM – Beginning Tumbling – Jordan – Room 2
- ____ 6:00 – 6:45 PM – Leaps & Turns Level 2 – Sara – Room 3
- ____ 6:45 – 7:45 PM – Intermediate Tumbling – Jordan – Room 2
- ____ 6:45 – 7:30 PM – Combo 2 – Chelo – Room 1
- ____ 7:45 – 8:45 PM – Advanced Tumbling – Jordan – Room 2
- ____ 7:30 – 8:15 PM – Combo 3 – Chelo – Room 1

WEDNESDAY

- ____ 3:45 – 4:15 PM – Conditioning & Flexibility – Kaitlyn – Room 1
- ____ 4:15 – 7:00 PM – Rotating Company Schedule – Room 1
- ____ 5:15 – 6:00 PM – Leaps and Turns Level 1 – Sara – Room 3
- ____ 6:00 – 6:45 PM – Musical Theatre Level 1 – Sara – Room 3
- ____ 6:45 – 7:15 PM – Hip Hop Level 1 (ages 5-8) – Sara – Room 3
- ____ 7:00 – 8:00 PM – Advanced Tap – Kaitlyn – Room 1
- ____ 7:15 – 8:00 PM – Hip Hop Level 2 (ages 8-12) – Sara – Room 3
- ____ 8:00 – 8:45 PM – Hip Hop Level 3 (ages 13 and up) – Sara – Room 3
- ____ 8:00 – 8:45 PM – Rotating Company Time – Room 1
- ____ 8:45 – 9:15 PM – Choreography & Auditioning – Rotating – Room 1

THURSDAY

- ____ 4:15 – 5:00 PM – Mini Company Tumbling & Flexibility – Room 2
- ____ 4:15 – 5:15 PM – Ballet 2 – Donnette – Room 3
- ____ 5:00 – 6:00 PM – Mini Company – Kaitlyn – Room 1
- ____ 5:15 – 6:00 PM – Conditioning & Flexibility – Donnette – Room 3
- ____ 6:00 – 6:45 PM – Ballet 1 – Room 2
- ____ 6:00 – 7:00 PM – Ballet 3 – Donnette – Room 3
- ____ 6:45 – 7:30 PM – Beginning Jazz – Room 2
- ____ 6:00 – 7:00 PM – Intermediate Lyrical/Contemporary – Kaitlyn – Room 1
- ____ 7:00 – 7:30 PM – Pointe – Donnette – Room 3
- ____ 7:30 – 8:15 PM – Beginning Tap – Kaitlyn – Room 1
- ____ 7:30 – 8:30 PM – Advanced Jazz – Donnette – Room 3
- ____ 8:15 – 8:45 PM – Pre-Pointe – Kaitlyn – Room 1
- ____ 8:45 – 9:15 PM – Extensions – Kaitlyn – Room 1



Monthly Tuition is based on a twelve-month dance year with approximately four weeks per month. There is no extra charge for months with five lessons, nor is there a reduction or refunds for any classes missed for holidays or breaks. We continue enrollment even after the start of the dance year, so some of our classes may reach maximum class size and we will have to close enrollment for this class. For this reason, if you sit out a month, you may not have a place in class the next month.

Tuition is due the first of every month. You are responsible for monthly tuition until you notify the studio office of your intent to withdraw from a class. Charges will continue until we receive a notification of a dropped class from a parent.

Tuition is NON-refundable, and NON-transferable.

There is a \$25.00 annual enrollment fee for first time students (+\$5 for siblings). \$10.00 annual re-enrollment fee for existing students to be paid annually at Fall enrollment.

Classes must be made up within one month of the missed class. Students may make-up in the same or one level below their current level.

<u>Classes Per Week</u>	<u>Monthly Tuition</u>
1	\$45.00
2	\$80.00
3	\$115.00
4	\$150.00

Unlimited Classes Prices

1 Students	\$170.00
2 Students	\$220.00
3+ Students	\$275.00

There must be 5 students in a class for the class to make
 There is a \$25.00 annual enrollment fee for first time students and a \$10.00 annual enrollment fee for existing students to be paid at fall enrollment.

Plus Monthly Company Fee if applies (Per Child)

1-2 Routines	\$40.00
3-5 Routines	\$50.00
6+ Routines	\$60.00

All instructors offer private lessons, there is a limited number of time slots, so sign up early if you are interested.

Tuition \$ _____
 Enrollment fee \$ _____
 Misc. Fees \$ _____
 Company Fee \$ _____

Total Cost \$ _____

Parent Signature _____ Date _____

If you intend to make ANY changes to your child's schedule in the middle of the season schedule, please submit an Add/Drop Form (provided in your enrollment package). We cannot guarantee that you will not be billed incorrectly without a completed form in your child's file.

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Student Information

Student Name: _____ Today's Date: _____

Address: _____

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

Father's Employer: _____ Mother's Employer: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Father's Email: _____ Mother's Email: _____

Student Health Concerns or Allergies: _____

Student's Date of Birth: _____ Age: _____

Student's School: _____ Grade: _____

To whom and where should monthly statements be sent? (Party responsible for payments)

Name: _____ Relationship: _____

Street Address: _____

Email Address: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

In case of emergency, who should we contact if student's parents cannot be reached?

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

In case of emergency, who should we contact if student's parents cannot be reached?

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Edge Performing Arts Centre Dress Code Effective January 4th, 2019

Hair **MUST** be up in a ponytail or bun for **EVERY** class unless an instructor asks you to take it down.

Beginning January 4th, 2019, the following dress code will be **STRICTLY** enforced for **ALL** students at The Edge Performing Arts Centre.

ACCEPTABLE DANCEWEAR

Bottoms:

Tights
Booty Shorts
Fitted Jazz Pants
Fitted Yoga Pants

Tops:

Leotard
Sports Bra
Fitted Tank Top

Shoes:

The following shoes are the **ONLY** shoes that are acceptable for the listed classes. You will not participate in class without the required shoe for each class.

- Jazz – Jazz Shoes or Turners
- Choreography – Jazz Shoes or Turners
- Leaps & Turns – Jazz Shoes or Turners
- Tumbling – Bare Feet
- Flexibility – Bare Feet
- Tap – Tap Shoes
- Ballet – Ballet Shoes or Pointe Shoes
- Hip Hop – Tennis Shoes or Jazz Shoe
- Conditioning – Tennis Shoes
- Musical Theatre – Jazz Shoes or Character
- Combo – Ballet Shoes & Tap Shoes
- Leaps & Turns – Jazz Shoes or Turners



Photo Release Form for Minors (if under 18)

The Edge Performing Arts Centre has my permission to use my child's photograph publicly to promote the dance studio. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature:

Date:

Parent/Guardian's name (please print):

Child's Name:

Phone Number:

Photo Release Form for Adults

The Edge Performing Arts Centre has my permission to use my photograph publicly to promote the dance studio. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty fee or other compensation shall become payable to me by reason of such use.

Signature:

Date:

Name: (please print):

Phone Number:

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Waiver and Release

I hereby waive all claims for injury, damage, loss or theft to my person and property during my participation in "The Edge Performing Arts Centre" classes, events or any time you are at the Studio and release the promoters, directors, principals, agents and employers of "The Edge Performing Arts Centre" organization from any liability for injury, damage, loss, or theft which may be caused by any act or omission of any of those mentioned. I understand that the purposes of "The Edge Performing Arts Centre" events are to provide performing experience in various forms of fine art. These activities may include workshops, rehearsal sessions, competitions, conventions, and performances by the participants. Photographs, recordings, taping or filming of participants by any and all "The Edge Performing Arts Centre" staff member or members of the press become the property of "The Edge Performing Arts Centre" and may be used for future publicity.

By signing, the undersigned participant, and said participant's parent(s) expressly adopt and agree to be bound by the above waiver and release agreement and / or rules. The signature of the parent or guardian is required as a condition of participation in "The Edge Performing Arts Centre" classes, activities and events.

Dance/Student's Name: *(Please Print)*

Student (if 18 or older) or Parent/Legal Guardian Signature

Date

Owner's Signature

Date

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Authorization for Emergency Care

In the event of an emergency, and I cannot be reached, I,

_____, parent/legal guardian of
_____, hereby authorize any
principal or responsible party employed by the Edge Performing Arts Centre
to initiate appropriate medical care by licensed medical professionals.

Signature of Parent or Legal Guardian

Date

Witness

Date

The Edge Performing Arts Centre

Drop/Add Slip

Student Name: _____

Effective Date: _____

CLASS

Name Class and Circle Either Drop/Add

_____	Drop / Add	_____	Drop / Add
_____	Drop / Add	_____	Drop / Add
_____	Drop / Add	_____	Drop / Add
_____	Drop / Add	_____	Drop / Add

Parent Signature: _____

Date: _____