

# ***The Edge Performing Arts Centre***

*721 Main, Winfield, Kansas 67156  
(620) 229-9300*

## ***Welcome***

### ***Our Mission Statement***

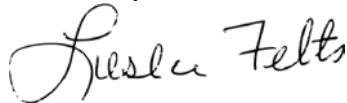
***"To use the fine arts to develop dedication, appreciation, and discipline that lasts a lifetime."***

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,

A handwritten signature in cursive script that reads "Leslie Felts".

Leslie Felts  
Studio Owner

\*\*\*THE EDGE PERFORMING ARTS CENTRE\*\*\*

**SUMMER SCHEDULE 2024**

**Begins June 4th, 2024**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**TUESDAY**

- \_\_\_\_\_ 12:45 – 1:30 PM ~ Conditioning (R1)
- \_\_\_\_\_ 1:30 – 2:15 PM ~ Flexibility (R1)
- \_\_\_\_\_ 2:15 – 3:15 PM ~ Acro (R1)
- \_\_\_\_\_ 3:15 – 4:15 PM ~ Leaps & Turns (R1)
- \_\_\_\_\_ 4:00 – 5:00 PM ~ Tumbling 1 (R2)
- \_\_\_\_\_ 4:15 – 5:00 PM ~ Extensions (R1)
- \_\_\_\_\_ 5:00 – 6:00 PM ~ Tumbling 2/3 (R2)
- \_\_\_\_\_ 6:00 – 6:30 PM ~ Tiny Tot Tumbling (ages 2-5) (R2)
- \_\_\_\_\_ 6:30 – 7:00 PM ~ Combo 1 (ages 2-3) (R1)
- \_\_\_\_\_ 7:00 – 7:45 PM ~ Combo 2 (ages 4-5) (R1)

**WEDNESDAY**

- \_\_\_\_\_ 12:15 – 1:00 PM ~ Conditioning (R1)
- \_\_\_\_\_ 1:00 – 1:45 PM ~ Flexibility (R1)
- \_\_\_\_\_ 1:45 – 2:45 PM ~ Ballet 2/3 (R1)
- \_\_\_\_\_ 2:45 – 3:15 PM ~ Pre-Pointe/Pointe (R1)
- \_\_\_\_\_ 3:15 – 4:00 PM ~ Jazz/Lyrical 2/3 (R1)
- \_\_\_\_\_ 4:00 – 4:45 PM ~ Tap 2/3 (R1)
- \_\_\_\_\_ 4:45 – 5:30 PM ~ Hip Hop 2/3 (R1)
- \_\_\_\_\_ 5:30 – 6:15 PM ~ Ballet 1 (R1)
- \_\_\_\_\_ 6:15 – 7:00 PM ~ Jazz 1 (R1)
- \_\_\_\_\_ 7:00 – 7:45 PM ~ Tap 1 (R1)

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.

**Classes Per Week****Monthly Tuition**

1	\$50.00
2	\$90.00
3	\$130.00
4	\$170.00

**Unlimited Classes Prices**

1 Students	\$190.00
2 Students	\$250.00
3+ Students	\$355.00

**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.

1-2 Routines	\$45.00
3-5 Routines	\$55.00
6+ Routines	\$65.00

**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	\$ _____
<b>Total Cost</b>	<b>\$ _____</b>

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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dance@theedge.kscoxmail.com

Season \_\_\_\_\_ Year \_\_\_\_\_  
Sign-Up Date: \_\_\_\_\_

## New Student Registration Form

### Student Information

Student's Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Phone (2): \_\_\_\_\_  
Name of Person responsible for paying fees: \_\_\_\_\_  
Primary Email Address: \_\_\_\_\_  
Primary Billing Phone #: \_\_\_\_\_

Transferring from another studio? ☐ Yes ☐ No If yes, from where? \_\_\_\_\_

_____ I/we understand the Studio Policies	_____ I/we understand my billing obligations
_____ I /we understand the risks related to dance	_____ I/we understand my responsibilities for my property
_____ I/we understand the dress code	_____ I/we understand the schedule
_____ I/we give media use rights permission	_____ I/we understand the attendance policy

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

### Classes

Class Name	Day & Time	Fee

### Fees

Enrollment Fee: \_\_\_\_\_  
Tuition: \_\_\_\_\_  
Discounts: \_\_\_\_\_

Total Monthly Tuition:

### Measurements

Height	_____	Shoe Size	_____
Girth	_____	Tights Size	_____
Inseam	_____	Leotard Size	_____
Waist	_____	T-Shirt Size	_____

### Medical

Allergies: \_\_\_\_\_  
Will your child require any special medical attention during a normal class: (yes/no) \_\_\_\_\_?  
If yes – Explain: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Phone (2): \_\_\_\_\_

### For Staff Use Only

Added to Remind <input type="checkbox"/>	Added to Facebook <input type="checkbox"/>	Add/Drop Slip Discussed <input type="checkbox"/>	USD465 Policy Discussed <input type="checkbox"/>
Account Opened <input type="checkbox"/>	Reoccurring Created <input type="checkbox"/>	Paid in Full <input type="checkbox"/>	Method of Payment: _____
Processed by: _____	Notes: _____		



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## SAFE PASSAGE POLICY

Child's Name: \_\_\_\_\_

Authorization to Leave Premises Unescorted:

- ☐ My child is 14 years or older and has my permission to check him/herself out of The Edge PAC
- ☐ My child is 14 years or older but does not have my permission to check him/herself out of The Edge PAC

Children younger than 14 years old may leave The Edge PAC with a relative so long as the relative is 14 years or older.

- ☐ My child is younger than 14 years old, but has my permission to leave The Edge PAC with:

\_\_\_\_\_  
Age: \_\_\_\_\_ Relationship: ☐ Brother ☐ Sister ☐ Cousin ☐ Aunt/Uncle

- ☐ My child is younger than 14 years old, but has my permission to leave The Edge PAC with:

\_\_\_\_\_  
Age: \_\_\_\_\_ Relationship: ☐ Brother ☐ Sister ☐ Cousin ☐ Aunt/Uncle

- ☐ My child is younger than 14 years old, but has my permission to leave The Edge PAC with:

\_\_\_\_\_  
Age: \_\_\_\_\_ Relationship: ☐ Brother ☐ Sister ☐ Cousin ☐ Aunt/Uncle

- ☐ My child is younger than 14 years old, but has my permission to leave The Edge PAC with:

\_\_\_\_\_  
Age: \_\_\_\_\_ Relationship: ☐ Brother ☐ Sister ☐ Cousin ☐ Aunt/Uncle

I understand The Edge PAC has adopted a Safe Passage Policy that prohibits students from coming and going as they please. I understand that once a child has entered the building, they will not be allowed to leave until a parent/guardian/authorized adult arrives to retrieve them. I understand that The Edge PAC is not a licensed day care facility and that staff will not physically restrain children who insist on leaving without parent permission.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Edge Performing Arts Centre Dress Code Effective January 4<sup>th</sup>, 2019

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

Beginning January 4<sup>th</sup>, 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

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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.

Contagious illnesses (such as the flu, colds, or strep throat) spread from person to person in several ways. One way is through direct physical contact, like touching a person who has the infection. Another way is when an infectious microbe travels through the air after someone nearby sneezes or coughs.

The Edge Performing Arts Centre (Edge PAC) cannot guarantee that you or your child(ren) will not come into contact with contagions while attending class at the Edge PAC.

I understand that the risk of becoming ill at the Edge PAC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Edge PAC employees or program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself, including but not limited to illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Edge PAC.

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Edge PAC and its employees of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I acknowledge the nature contagious illnesses and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by attending the Edge PAC.

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.

Parent/Guardian's signature:

Date:

Parent/Guardian's name (please print):

Witness:

Child's Name:

Date:

Phone Number:



### 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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## *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: \_\_\_\_\_