Studios On Main 2018-19 Tuition

- * Checks made payable to Studios On Main Ilc
- *We accept Checks, Visa, Master Card, AmEx & Discover.
- *Payments may be mailed to: Studios On Main 510 Main St 2nd Floor Pennsburg PA 18073

MONTHLY TUITION PRICING for 10 months

30 min per week = \$35 month	45 min per week = \$45 month
1 hr per week = \$50 month	1 ¹ / ₄ hr per week = \$60 month
1½ hr per week = \$70 month	1 ³ / ₄ hr per week = \$80 month
2 hr per week = \$90 month	2¼ hr per week = \$100 month
2½ hr per week = \$110 month	2¾ hr per week = \$115 month
3 hr per week = \$120 month	3½ hr per week = \$125 month
3½ hr per week = \$130 month	3¾ hr per week = \$135 month
4 hr per week = \$140 month	4 ¹ / ₄ hr per week = \$145 month
4½ hr per week = \$150 month	4¾ hr per week = \$155 month
Unlimited pass = \$160 month (1)	Family Pass \$225 month
BOYS Hip Hop = \$40 month	

***Tuition is paid in **10 monthly installments**, and is not based on how many weeks are in a month. We offer classes like a gym, if you do not come it is your responsibility to do a make-up class. If you do not take a make-up class there is no credit or refund.

ALL CORRESPONDANCE ARE SENT VIA REMIND. IT IS A PHONE APP THAT LETS US SEND YOUR INFORMATION RIGHT TO YOUR PHONE AND/OR EMAIL. WE WILL ADD YOUR PHONE AND EMAIL UNLESS YOU STATE OTHERWISE. The phone uses anonymous numbers so we will NOT HAVE your private number. You may also use this to contact us directly. THE BEST WAY TO USE THIS IS TO DOWNLOAD THE FREE APP.

Please make sure to read the Handbook, rules and regulations packet and must sign and return form. Late charge of 1.5% after 60 days late

Return Check fee of \$35 for any checks returned for insufficient funds

You are responsible for payment for the year, unless a add/drop form is submitted withdrawing from classes at Studios on Main, Ilc

^{**}We offer a 20% discount for 2nd child and 30% discount for 3rd child

^{*}Competition Class Students MUST be enrolled by Oct 1st to compete.

Studios On Main 2018-19 Student Information

Student Name		Birth Date	Age
Street Address			
City	zip		
Cell Phone #			
Email Address			_(write clearly)
Parent/Guardian Signature: X			
Person responsible for payment- Prin If divorced/separated is other parent in	t esponsible for a portion	on of tution? Y or I	N
Emergency Contact	I	Phone #	
-Tuition amount monthly \$	forclas	ss(es) per week X 10	months
*Sibling \$for	class(es) per week for	10 months	
+Registration fee: \$30 New stude	ents \$20 Returning	students	
Discount for after school \$	(3 class min) ST classes below	TOTAL DUE	MONTHLY \$
Student #2/3 Name			
******Please note: Registration, cost Our session runs Sept-June and is for submitted to the office. All tuition/af Competitions and activities. X	10 months. You are reter school payments n	esponsible for all tuit nust be current for pa	ion unless an Add/drop form is

WE OFFER A ONLINE PAYMENT SYSTEM THROUGH QUICKBOOKS- IF YOU WISH TO BE BILLED AND PAY ONLINE PLEAE ADVISE BY CHECKING THIS BOX A 1.5% FEE added

Student's Name	Birth Date
Medical Information Please list any medications that the stude: Please list allergies to prescription drugs/	
rease list any special medical conditions	, past of present, of which studios on Main should be aware of
authorize any emergency medical care the performances, or any related Studios On	give my permission to the management, faculty, and staff of Studios On Main to at may be required by the above student during participation of classes, Main events. This authorization extends throughout the current academic year and is no longer enrolled at Studios On Main, whichever comes first. I understand that I a result of such medical treatment.
stress on the body and carry the risk of ple classes and do not hold Studios On Main longer a minor, on my own behalf), I here for injuries sustained during attendance a also understand that good dance, tumble, instructors. I release, waive, discharge an managers, promoters, lessees of premises any medical conditions that would prever Main. I understand dance, cheer, and tum muscle strains, back injuries, or any other	ed at Studios On Main, and the athletic exercises associated with it, place unusual hysical injury. I understand that accidents can happen when attending camps or responsible for any incurred. On behalf of my child and myself (and if I am no eby assume the risk, and agree that Studios On Main shall not be liable in any way to the dance school, camps, or after-school programs, or any of its related functions. I and cheer training involves touching and adjustment of the student's body by the discovenant not to sue the facility used by the participant, including it owners, a used to conduct the classes, event, programs, or rentals. My child/nor myself have not or limit participation in any classes, camps, or activities associated with Studios on able are strenuous physical activities and that injuries, heart attacks, breaks, tears, injuries/illness' may occur during participation in these activities and that you do
record abild reshile in the hellereer on steins	nployees responsible now or in the future. Studios on Main is not responsible for
SignatureX	Parent or Guardian (circle)
liability, lawsuit, cost, expense, or claim	of X, hereby agree to indemnify and hold teers, the individual members thereof, and all other agents and employees from any of any type whatsoever (including legal fees) for any harm, injury, or death arising condition of the student participating in the same.
the enrollment period enlisted by the abor payment agreement be altered. I agree to class, that the above named is not entitled	the to the terms described above and also to pay in full the total tuition amount due for the mentioned person/persons, and that only by submitting a written form can this pay the entire amount enlisted at enrollment whether or not the above student attends it to any credits or refunds for missed classes, and do agree to abide by all policies, in I ALSO understand that pictures may be used for advertising/news and must being your childs photograph.
Name of Parent/Guardian¬ X	Phone#
Signature X	Date