

DENVILLE DANCE ARTS CENTER

11 HEWETSON RD., DENVILLE NJ 07834

DDACOFFICE@AOL.COM (973) 627-1440

www.denvilledance.com join us on Facebook

BEGIN MONDAY, SEPTEMBER 14th

We have a dress code- be sure your dancer is dressed in our dress code requirements. *Requires approval. Tiny Dancer Class Age as of

September 1st, 2020. Classes may be subject to change or cancellation. ** You are guaranteed a place by registering early & NOT changing classes.

Website

Ballet*Lyrical*Jazz* Tap*Gymnastics*Hip Hop

Pre-School - Professional

Dance Masters * Dance Educators of America

Professional Faculty Certified to Teach Dance Classes



MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
4:15-5:00 Ballet 5-8 yr ★ SHOWSTARS DANCE	4:15-5:00 Social Bubble Create your own class with 6 friends Email if interested in this time			9:30-10:00 Ballet/Tap 2 1/2 -3 yr Tiny Dancer ★ SHOWSTARS DANCE						9:00-9:30 Ballet/Tap 2 1/2 -3 yr Tiny dancer ★ SHOWSTARS DANCE	
5:00-5:45 Lyrical 5-8 yr ★ SHOWSTARS DANCE	5:00-5:45 Hip Hop 9 & up ★ SHOWSTARS DANCE			10:00-10:45 Ballet/Tap/Jazz 3-5 yr Tiny Dancer ★ SHOWSTARS DANCE		3:45-4:30 Social Bubble Create your own class with 6 friends Email if interested in this time		4:45-5:30 Beg/Int Acro 6-10 yr ★ SHOWSTARS DANCE		9:30-10:15 Ballet/Tap/Jazz 3-5 yr Tiny dancer ★ SHOWSTARS DANCE	
5:45-6:30 Jazz/Hip hop 4-7 yr ★ SHOWSTARS DANCE	5:30-6:15 Jazz 9 & up ★ SHOWSTARS DANCE		4:00-5:30 Company Ballet 2 ballet classes recommended	4:00-4:45 Social Bubble Create your own class w/ 6 friends Email if interested time	4:00-4:45 Company Tap	4:30-5:15 Ballet/Tap/Jazz 3-5 yr A tiny dancer class ★ SHOWSTARS DANCE		4:00-6:00 Company Rehearsal, Turns & Technique		10:15-11:00 Tap/Jazz/Hip Hop 5-7 yr ★ SHOWSTARS DANCE	
6:30-7:15 Tap / Jazz 6-9 yr 10 weeks \$130 ★ SHOWSTARS DANCE	6:30-7:15 Tap 9 & up ★ SHOWSTARS DANCE		5:30-7:15 Company* Technique	4:45-5:30 Ballet 3 9-12 yr ★ SHOWSTARS DANCE	4:45-6:15 Company* Stretch & Conditioning	5:15-6:00 Ballet 6-10 yrs ★ SHOWSTARS DANCE		6:00-9:00 Company Rehearsal, Turns & Technique			
7:15-8:00 Social Bubble Create your own class with 6 friends Email if interested in this time				5:30-6:15 Lyrical 9-12 yr	6:15-7:00 Intermediate Acro 9-13 yr Front Limber required	6:00-6:45 Tap/Jazz 6-9 yrs ★ SHOWSTARS DANCE			Registration fees are \$50.00 per student Discounts are available for multiple classes. There are no refunds for missed classes, but make-up classes are available. TUITION PAYMENT PLANS \$25.00 fee will be applied to payments after the 7th of the month. This extended plan is a convenience and not based on the number of weeks in the month.		
					7:00-8:00 Adv Acro 11 & up yr <i>back handspring needed</i>	6:45-7:15 Intro to Lyrical \$150.00 year Add on Thurs 6:15					
***Classes with insufficient enrollment (6 dancers) are subject to cancellation		Ask about our refer a friend program!							Please email or call us for current prices!		
		We do not accept credit or debit card.									

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Ask about our multiple class discount for a single dancer!!!

Student's Name _____ Age _____ Birthdate _____
 Class(es) Requested _____ Referred by _____
 Parents: Mother _____ Father _____
 Address _____ Town _____ Zip _____
 Phone _____ Work (Mother) _____ Work (Father) _____
 Alternate Emergency Name _____ Phone _____
 Medical Problems of which we should be aware _____
 Major Medical Insurance _____ Hospitalization _____
 Are you new to DDAC? ___ Please check if: 5th ___ 10th ___ 15th ___ or Senior Year ___ at DDAC Amount Enclosed \$ _____
 e-mail address _____ Parent Signature _____ Date _____

Classes with insufficient enrollment are subject to change or cancellation.

I give DDAC permission to use any photos/videos for promotional and publicity purposes (with no names shown) unless I initial here _____.

I understand that I am required to notify the studio in writing once the term has begun if my child drops a class and that I will be billed and charged tuition and late fees until required written notice is received.

Website

Registration *

*A PHYSICIAN'S permission slip must accompany this form if any registrant has medical problems that could be aggravated by the study of dance. Please consult a physician if you are unsure if a problem exists. We reserve the right to decline any registration. I understand that the registrant will participate in this activity at her/his own risk. I understand that this program is a physical activity, that various injuries may occur and that the Center assumes no responsibility for injury, and that a medical physical by a doctor is recommended. *Required by our insurer.*

**COVID-19
ACKNOWLEDGEMENT AND DISCLOSURE STUDENT/FAMILY**

This should be initialed and signed by BOTH parents.

Please read and initial each statement below.

1. I understand that during this COVID-19 Public Health Emergency I as a parent will not be permitted to enter the facility beyond the designated drop-off/pick up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit everyone's risk of exposure.
2. I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off/pick up area I MUST sanitize my hands before entering and wear a mask. While in the facility I must practice social distancing and remain 6ft from all other people, except for my own child.
3. I understand that to enter the studio premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the studio. I will be contacted, and my child MUST be picked up from the studio within 15 minutes.

Symptoms include:

- Fever of 100.4 degrees Fahrenheit or higher
- Dry cough
- Shortness of Breath
- Chills
- Loss of Taste or Smell
- Sore Throat or Muscles Aches.

While many of these symptoms might be non-COVID-19 we are proceeding with by assuming they are Covid-19 during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. You will need to be symptom free for 72 hours before returning to the facility.

4. I understand that my child must wear a mask at all times while in the studio.
5. I understand that students will be required to bring their own hand sanitizer and use it according to CDC recommended hand washing procedures.
6. I will immediately notify Denville Dance Arts Center management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 3 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
7. I understand that Students entering our studio will be in contact with children, families and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.
8. Should there be a spike in COVID-19 cases, and we are forced into a Shelter in Place situation again, all classes will continue virtually. Tuition will remain the same for any amount of time doing virtual classes.

I certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with provisions listed herein or with any other policy or procedure outlined by Denville Dance Arts Center will result in disciplinary action up to and including termination of my registration at Denville Dance Arts Center. I acknowledge that my activity may be terminated if it is determined that my action or lack of action unnecessarily exposes another dancer, their family member or any Denville Dance Arts Center employee to COVID-19

Child's Name _____ Date of Birth _____

Parent's Name _____

Parent's Signature _____ Date _____

Parent's Name _____

Parent's Signature _____ Date _____

Management Initial Receipt _____ Date _____