



Exhilaration Station

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Petite Ballet Parent/Guardian Contract

Family

This contract is made between the parent(s)/guardians and *Exhilaration Station Family Resource Center*

Parent/ Guardian	
Address	
Phone	
Email	

Parent/ Guardian	
Address	
Phone	
Email	

Child		D.O.B.	
Child		D.O.B.	
Child		D.O.B.	

Petite Ballet Tuition Fees + Schedule

Petite Ballet	Days	Time	Cost
Mornings	Tuesdays	9:30am - 10:30am	\$55/mo
Afternoons	Thursdays	3:30pm - 4:30pm	\$55/mo

Parents must remain on site during classes. Drop Offs are not an option.



Exhilaration Station



Payments

The first payment during registration reserves your child’s spot. Payment is due to Exhilaration Station Family Resource Center in advance and paid on: ***1st day of each month***. Short months will be prorated. Cash, personal check, credit card, or money order are accepted. Returned Checks: ***\$ 20 returned check fee***. *If more than one returned check: only cash or money orders will be accepted as payment.*

Holidays, Vacations, Sick Days

Tuition is NOT DISCOUNTED when children are absent because their spot is reserved

Holidays: Exhilaration Station Family Resource Center may be open for business on holidays. Advance notice will be given when we are not open for a specific holiday.

Sick: When a child is ill, please give Exhilaration Station a call with as much notice as possible for planning purposes and so we don’t worry.

Parents are expected to pay full tuition monthly ***whether the child is on site or away.***

Make Up Days

Students can make up missed days within the same Session. Any days not made up will be lost by the start of the next Session.

Termination of Contract

This contract may be terminated by the parent(s) or Exhilaration Station Family Resource Center. A two-week notice prior to the last date of the program is required by parents. *Exhilaration Station may immediately terminate this contract without any notice if payment is consistently not made on time. If Exhilaration Station Family Resource Center chooses not to enforce any portion of the contract, it does not give up the right to enforce any other portion of the contract.*

The contract can be revised at any time by Exhilaration Station Family Resource Center, if necessary.

Signatures

The signatures below indicate agreement with this contract and with the written policies of Exhilaration Station Family Resource Center (separate documents). The Exhilaration Station Family Resource Center may change policies as needed with advance written notice.

Parent Signature		Date	
Parent Signature		Date	

If under the age of 18, a co-signer must sign this agreement and act as guarantor to the contract and agree to be bound by all financial terms.



Exhilaration Station

RELEASE OF LIABILITY AND ACCIDENT WAIVER

Parent/Caregiver/Guardian Responsibility:

By signing this Waiver, I assume all risk of my child(ren) and/or myself participating in any of the activities at Exhilaration Station or OFFSITE EVENTS. I, as parent or legal guardian of minor(s) listed below, **now and in the future**, hereby grant permission to allow child(ren) to participate in all activities at Exhilaration Station or OFFSITE EVENTS and understand that all activities and play equipment endure certain known and unknown risks.

As parent, caregiver and/or legal guardian, I remain legally responsible for any personal actions taken by the below named child(ren). I agree on behalf of myself, my child(ren) named herein, or our heirs, successors, and assigns, to hold harmless, and indemnify the parties from, and defend Exhilaration Station, its Board officers, staff, and volunteers AND any individuals connected to our offsite events arising from or in connection with my child attending activities or in connection with any illness or injury or cost of medical treatment in connection therewith.

I agree to compensate Exhilaration Station, its Board officers, staff, and volunteers associated with the activity for reasonable attorney's fees and expenses arising in connection with any action or claim brought or made (or threatened to be brought or made), for, or on account of any injuries or damages, received or sustained by myself and/or my child(ren) arising during the course of the activities.

By signing below, I recognize and am aware that Exhilaration Station is **NOT a licensed day care facility**.

Medical Release:

I hereby warrant that to the best of my knowledge, my child(ren) is/are in good health, and I accept all responsibility for the health of my child(ren) and assume the risk for any medical or physical/mental condition the minor(s) may have.

I consent to receive any medical treatment deemed advisable for an injury to myself or my child(ren) during the activity. I certify that I have adequate insurance to cover any illness, injury or damage or else agree to pay the costs of such illness, injury or damage myself.

Although Exhilaration Station is taking all precautions to provide a sanitized, safe environment, I agree to follow all **COVID 19 (or any other virus)** rules and regulations and understand the risk of contracting illnesses in a public setting.

Media Release:

I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising without compensation.

I acknowledge that I have carefully read this 'Waiver and Release' and fully understand that it is a release of liability. With my signature below, I am waiving any right that I may have to bring legal action to assert a claim against Exhilaration Station, its Board officers, staff and volunteers.

Parent/Caregiver/Guardian – please fill out and sign below:

Date: _____

Print name of adult: _____

Relation to Child(ren): _____

Email: _____

Phone: _____

Signature of adult: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Comments:



**Exhilaration Station
Ballet
Contact and Health Information**



Contact Information

Child(ren)'s Name(s):

Parent/Caregiver/Guardian's Name:

Phone:

Email:

Emergency Contact:

Phone: _____

Medical Information

Allergies:

Food: _____

Medicine: _____

Environmental (plants, insects, animal, other): _____

Any developmental disability health concerns? Any trauma related concerns?

Sensory Triggers (Smells, Sounds, Stimuli, Other):

Possible Limitations

My child can participate in all activities: Yes _____ No _____

If no, my child can participate with the following limitations or adaptations:

*I acknowledge that Exhilaration Station is **NOT** a licensed daycare facility.*

Parent/Caregiver/Guardian Signature

Date