

studio16

STARTS JANUARY 11TH
 JANUARY – JUNE SESSION 2010

Class Schedule

Monday 3:15pm | 3-4 Combo B/T (LS)
 4pm | Performing Company (LS)
 5pm | 6-9y Ballet Ia (LS)

Tuesday 4pm | 4-5y Combo B/T (JD)
 5pm | 5-6y Jazz Tech (JD)
 6pm | 6-9y Jazz Tech (JD)

Wednesday 10am | 2y Creative Movement
 40min. (LS)
 11am | 3-4y Combo B/T (LS)
 4pm | 5-6y Ballet (LS)
 5pm | 4-5y Combo B/T (LS)
 6pm | Adult Tap Tech (LS)

Thursday 4:30pm | 5-6y Combo Tap/Jazz (LS)
 5:30pm | 3-4y Combo B/T (LS)
 6:30pm | Teen Jazz (LS)

Friday 7pm | Ballroom (JI) **starts February

Instructors (LS) Lissa Smith
 (JD) Joli DeVore
 (JI) Jeanne Iben

Registration Tuition

One Class a week - \$45 monthly
 Two Classes a week - \$80 monthly
 Ballroom - \$100 monthly/ couple
 Drop-in Single Class Fee - \$15
 Performing Company Class - \$50 monthly
 Private Lessons – 30 min. - \$35
 60 min. - \$65

Annual Registration Fee - \$25
 There is an annual Registration Fee of \$25 per student for each dance season.
 If you paid with September 2009 session your registration fee has been satisfied through June 2010.

Family Discount:
 Studio 16 offers a 10% discount for families with more than one child enrolled in classes. The first child is charged at the regular rate, and the discount applies to additional children

Terms: All tuition is payable in the first week of classes each month. Late fee of \$10 applies if not paid by the 10th of each month.

Registration Information:

Student Name	D.O.B
Address	E-Mail
Parent / Guardian Name & Relationship	Phone

In case of emergency, please contact:

Name & Relationship	Phone
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Class to Enroll:

AUTHORIZATION TO CONSENT TO EMERGENCY TREATMENT OF A MINOR:

I/we, the undersigned, parents of _____ (minor), do hereby authorize the hospital most accessible during the time of accident, illness, or emergency to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of said hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This action would not be taken unless the parents could not be reached. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code California.

X _____
 Parent / Guardian Signature Date

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