Dancing By His Grace

2025-2026 SCHOOL REGISTRATION FORM

The school year runs from September 8, 2025 to June 13, 2026.

Program Fees and Details

Registration Fee - $30 per student (To be paid upon registering)
Performance Fee - $60 per student (to be paid by October 15, 2025)

15 Min Class:

1x per week $20 for the year - or - $2 per month (per person) – Just for Int & Adv dancers
2x per week $40 for the year - or - $4 per month (per person) – Just for Int & Adv dancers
***Note* This is an enrichment class for students already enrolled in ballet ballet technique classes.**

30 Min Class:

1x per week $350 for the year - or – 10 payments of $35 per month (Per person)
2x per week $650 for the year - or - 10 payments of $65 per month (per person)

45 Min Class:

1x per week $500 for the year - or - 10 payments of $50 per month (per person)
2x per week $1000 for the year - or- 10 payments of $100 per month (per person)

60 Min Class:

1x per week $650 for the year - or - 10 payments of $65 per month (per person)
2x per week $1,100 for the year - or -10 payments of $110 per month (per person)
3x per week $1,600 for the year - or -10 payments of $160 per month (per person)
4x or more per week $2,000 for the year - or -10 payments of $200 per month (per person)

1. **There will be a 10% discount for each additional immediate family member.**
2. **All Rehearsals are part of your fees, so there will be no extra charge associated with rehearsal classes.**
3. **All students must wear a studio t-shirt and leggings for community events, unless a costume is specified.**
4. **We will have guest teachers throughout the year. There will be additional fees for these classes.**
5. **Possible costume fees, but this is rare and kept to a minimum as we continue to grow our costume library.**
6. **In case of emergencies, delays, or questions, Please text Karen directly at 540-664-4243. Please remember she is a full time public school teacher and will reply as soon as possible.**

www.dancingbyhisgrace.org / livingbhg@dancingbyhisgrace.org

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Dancer's Name _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Information

Parent/Guardian Name _____

Relationship _____ Phone Number _____

Class Details

Please check the appropriate selections for your dancer.

TUESDAY

____ **Pre-Ballet/Musikgarten** 4:30pm – 5:15 pm (45 min)
____ **Beg Ballet** 5:30pm – 6:30pm (60 min)
____ **Inter/Adv Ballet** 6:30pm – 7:30pm (60 min)
____ **Int/Adv Character** 7:30pm – 7:45pm (15 min)
____ **Pointe** 7:45pm – 8:15pm (30 min)

WEDNESDAY

____ **Senior Stretch & Strengthen** 4:30pm – 5:15pm (45 min)

THURSDAY

____ **Pre-Ballet/Musikgarten** 4:30pm – 5:15 pm (45 min)
____ **Beg Ballet** 5:30pm – 6:30pm (60 min)
____ **Inter/Adv Ballet** 6:30pm – 7:30pm (60 min)
____ **Int/Adv Character** 7:30pm – 7:45pm (15 min)
____ **Pointe** 7:45pm – 8:15pm (30 min)

Consent

_____ _____

Signature **Date**

(There must be a separate registration form for each member of the same family)

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Dancer's Name: _____

Please write number of classes per week in each category & Total

_____ 15 minute $_____

_____ 30 minute $_____

_____ 45 minute $_____

_____ 60 minute $_____

SUB TOTAL $_____

Family discount of 10% for each additional child taking $_____

Registration Fee $30.00 Per child – due at registration $_____

Performance Fee $60 Per child - due by 10/15/25 $_____

TOTAL PROGRAM FEES $_____

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Living By His Grace Ministries Waiver of Liability / Acknowledgment of Risk

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury and, in rare circumstances, death. I agree to release and hold harmless Living By His Grace Ministries, including its teachers, dancers, staff members, and facilities from any cause of action, claims, or demands now and in the future. I will not hold Living By His Grace Ministries liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I understand that I should be aware of my, and/or my child's physical limitations and agree not to exceed them. If I am signing this waiver for my child, I certify that I am the parent or legal guardian and have the right to waive these rights.

Parent/Guardian Signature: _____ Date: _____

Living By His Grace Ministries Photo & Video Release

I authorize and agree that Living By His Grace Ministries may take and use photographs/videos of me and/or my child for purposes of record keeping, advertising, and marketing. I understand that I do not have any rights to these photographs/videos and will not be compensated for the same.

Parent/Guardian Signature: _____ Date: _____