STUDIO POLICIES

Dance Student's Name (PRINT): _____

Please read and initial each item and include your signature at the bottom indicating your understanding and agreement with the Studio Policies as outlined:

____1) **STUDENT HANDBOOK**: I acknowledge I have received a copy of the Carolina Dance Productions (CDP) Student Handbook and I will abide by the studio rules as set forth in the handbook. Failure to do so may result in dismissal for cause. Dismissal for cause may occur as a result of actions other than, and in addition to, those specifically stated in the student handbook.

____2) **PARENT TEACHER COMMUNICATION**: I acknowledge I have read the Parent Teacher Communication rule outlined in the 2026-27 Student Handbook, and agree to abide by the rule.

____3) **MONTHLY TUITION PAYMENTS**: Tuition is due on the first of every month and is considered late after the sixth. A $10 late fee will be charged on the 7th of each month for each late payment. I acknowledge I have read the Tuition and Payment Information as outlined in the 2026-27 Student Handbook and agree to abide by the information as outlined.

____4) **MAKE-UP CLASSES**: Make-up classes are not required but are available to anyone who wishes to make up a class they missed due to a planned vacation or other reason. It is preferred that you make up classes in September, mid-to-early October or in January as teachers are not typically working on routines during this time. There is no need to call and schedule a make-up class with the studio, by phone or email. Please advise the teacher that this is a make-up class. Please attend an age and skill level appropriate class. I acknowledge I understand this policy.

____5) **CHILD DROP OFF & PICK-UP**: I acknowledge that I have read the Child Drop Off and Pick Up section in the 2026-27 Student Handbook and that I understand the importance of following these guidelines.

____6) **USE OF NAME OR LIKENESS**: I acknowledge that I have read the CDP Media Waiver, as outlined in the 2026-27 Student Handbook, and agree with this policy.

____7) **RECITAL AND COSTUME FEES**: I acknowledge that I have read the Recital Information section of the 2026-27 Student Handbook and will agree to abide by this policy.

I have read and agree with all the policies outlined herein as indicated by my initials above and my signature below. Typing your name in the signature field constitutes a valid signature

Print Parent's Name: _____

Parent's Signature: _____ Date Signed: _____

Please email this form to cdpproshop@gmail.com or return the form to Deborah Alford in the Pro Shop. Thank you.

Revised 8/26/26