



Youth Arts Enrichment Program

2019-2020

STUDENT INFORMATION

First Name: _____

Last Name: _____

Age: _____ D.O.B. _____ Allergies: _____ Special Needs: _____

Gender: Male Female

PARENT/GUARDIAN INFORMATION

Father's Name: _____ Cell: _____

Mother's Name: _____ Cell: _____

Address: _____

City: _____ Zip Code: _____

Work Tel: _____ Other Tel: _____

E-mail Address (please print clearly):

Name / emergency contact information for any other person authorized to pick up your child (if applicable):

Name nehoP

Signed: _____ Date: _____

Parent/Guardian

Please Note: If intending to enroll more than one student, please complete separate forms for each one.

Inna's Hall Of Fame – Performing Arts Conservatory

Tel: 954-237-6021 🎵 Fax: 954-543-5188

8685 Stirling rd. Cooper City, FL 33328



Consent/Waiver Form

(Please sign and return the form below)

I have received a copy of the Rules and Regulations and the Tuition Information (also available on our website) for INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY. I acknowledge that it is my responsibility to read and understand these rules and regulations and the tuition information. It is also my responsibility to read and explain the rules and regulations to my child/children. I understand and acknowledge that the director and/or the instructors of the INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY may remove my child/children from class for not meeting and/ or following these rules and regulations.

I hereby certify that my child is fully capable of participating in the physical activities offered at INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as made known to the school director or instructors at INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY.

I further agree on behalf of myself and my child listed below, that I shall hold harmless and fully indemnify the parties hereby released from any and all claims, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or in part by any of the persons or entities hereby released.

In case of accident or serious illness, I request INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY to notify the emergency contact listed on the registration form. If personnel are unable to make contact, I hereby authorize INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY personnel to contact a physician or hospital for medical services and treatment. It is understood and agreed that I will assume responsibility for payment of any rendered medical services and treatment.

In addition, I hereby authorize INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY to take photographs and/or videotape of any and all activities for which my child/children are registered for. The photographs and/or videos may be used for the sole purpose of promoting INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY.

Parent Signature: _____

Printed Name: _____

Date: _____

Student Name(s): _____

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2019-2020 YAEP POLICY

Tuition is due ON or BEFORE the 26th DAY OF EACH MONTH FOR THE FOLLOWING MONTH*. Please fill out the credit card authorization form attached for our records. Payments prior to the 25th of each month can be made through credit card, personal checks, or cash at reception. Checks should be made out to INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY. **Effective August 22nd, 2016 for all outstanding accounts as of the 26th of the month: we will automatically charge the tuition fee, as well as an additional \$25.00 late fee to the credit card provided.**

PLEASE NOTE: If we are unable to process a payment by the 26th of the month, we will not be able to pick up your child from their school. Until the account is paid in full, he/she will not be able to participate in the aftercare program.

I understand and agree to the above payment policy:_____

There will be an additional fee of **\$35.00** charged for any **returned checks (NSFs)**. This amount must be paid with a money order or a cashier's check when paying the balance. You may resume using checks the following month.

I understand and agree to the above NSF policy:_____

In the event you need to withdraw you child/children from the program, you must submit a "Withdrawal Form" to INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY by the 5th of the month in order to close your account and receive a refund for that last month's tuition. **Parents that are unable to submit a "Withdrawal Form", on time, are liable for the month's tuition.** Since we are reserving a space for your child, once a month has begun, the monthly payment cannot be refunded for any reason.

I understand and agree to the student withdrawal policy:_____

* Payment plans are available for families with multiple children. Please inquire at reception.

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WILL YOUR CHILD PARTICIPATE IN OUR PERFORMANCES? Please note that there is 1 recital and an additional performance per year for each class we offer.

Yes, my child will perform *No, my child will NOT perform*

If your child is picked up early or is absent from a class more than 3 times in a session (without an excused absence), they will be withdrawn from the class. If this happens, your child will not be invited to perform with the group in the upcoming performance. There will not be any refunds if the child is withdrawn for excessive absences.

I understand and agree to the above attendance policy: _____

If your child signs up for a dance class, please be advised that each dance class has a performance itself, and requires a \$60 costume. This means that if you sign up for 6 dance classes, you will be responsible for 6 \$60 costumes. We do have payment plans available: \$30 participation fee along with a 20% down payment, followed by 4 monthly payments of 20%. If you choose not to have a payment plan, all costs are due **UPFRONT**.

I understand and agree to the above costume policy: _____

All dance classes have a dress code. If your child comes to class unprepared, they will not participate in class, and will observe for the duration of the class. Dress code is as follows:

ALL DANCERS: Black "Inna's Hall of Fame" Leotard (available for purchase in the office),

Ballet: Ballet shoes, white tights, hair pulled back

Jazz: Black tights, jazz shoes, hair pulled back

Contemporary/Modern: Black leggings, PAWS

Tap: Black tights, tap shoes

Hip-hop: Sneakers

I understand and agree to the above dress code policy: _____

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Please be advised that there is a 4% credit/debit card fee. We also accept cash and check for no additional fee.

CREDIT CARD AUTHORIZATION FORM

Cardholder's Name: _____
(as it appears on the card)

Credit Card Billing Address:

Apt #	Street	Number
_____	_____	_____
Zip Code	State	City
_____	_____	_____

Telephone: _____

Contact Name: _____
(if different from one above)

CREDIT CARD INFORMATION	
Credit Card Type:	Credit Card Number:
<input type="checkbox"/> Visa	_____
<input type="checkbox"/> MasterCard	
<input type="checkbox"/> Discover	Expiration Date: _____
<input type="checkbox"/> Dinners Club	
<input type="checkbox"/> American Express	Security Code: _____

I, the undersigned cardholder, hereby authorize my credit card, as listed above, to be used as a guarantee of/for payment for all outstanding charges.

Authorized Signature: _____ Date: _____

RULES for students

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Students must be courteous and respectful at all times.

Students must stay in their assigned classroom, unless they are taking other classes.

Students must keep all their belongings in their assigned cabinet.

Students must be responsible to bring their own homework from school, or bring quiet reading material.

Students must clean up after themselves before they leave the premises.

IMPORTANT INFORMATION

Health considerations for both the individual child and for the group dictates that sick children be at home, rather than in after care. As per the Social Service Division Care Ordinance No. 89-21, #7-6.06, if your child has a fever, general body rash, recurrent diarrhea, symptoms of conjunctivitis (pink eye), impetigo, head lice, or other communicable diseases or conditions, i.e., chicken pox or colds, you will be called and will be expected to pick up your child WITHIN ONE (1) HOUR OF BEING NOTIFIED. Your child should not return to INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY until he/she is without signs and symptoms for at least 24 hours. If any child contacts any kind of communicable disease, i.e., conjunctivitis (pink eye), chicken pox, etc., we must be notified as soon as a diagnosis is made so that we may notify other parents.

For your child's sake, as well as for the sake of other children, we ask that you keep your child home when he/she is ill. In an effort to preserve everyone's good health, we will be forced to send home any children who come to aftercare ill. During the course of the day, if your child becomes ill, you will be called and asked to pick him/her up.

Illness or Injury

Any MEDICATION that needs to be administered to your child must be sent in with the AUTHORIZATION FOR MEDICATION form, available at the front desk. This form must be completed in full and signed. ALL MEDICATIONS SENT TO INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY MUST BE SENT IN THE ORIGINAL CONTAINER. DO NOT SEND ANY MEDICATION IN YOUR CHILD'S AFTER SCHOOL BAG.

Medication and Authorization form must be given directly to the front desk.

Aspirin and/or Tylenol will not be given to any child.

In case of emergency After Care Program will call the parent(s) or guardian(s). If they cannot be reached, the emergency phone numbers and/or personal physicians will be called. If the parents or emergency numbers cannot be reached, and emergency attention is required, 911 will be called and your child will be taken to the nearest hospital that is best equipped to handle the particular emergency. While the situation is being handled, we will continue to try to contact you and keep you fully informed.

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Inna's Hall of Fame – Youth Arts Enrichment Program - YAEP

Inna's Hall of Fame YEAP follows the Broward County public school calendar, which might be different from your school's calendar so please make the arrangements accordingly.

Transportation:

Our after schools program provides transportation from the following schools:

- Cooper City Elementary
- Embassy Creek Elementary
- Griffin Elementary
- LFA
- Lycee Franco-American
- Pembroke Lakes Elementary
- Pioneer Middle
- Renaissance Charter School
- Silver Ridge Elementary
- Stirling Elementary
- Summit Questa

For all students enrolled in music, dance, and/or acting classes but not in YAEP, individualized after-school pick-up service is available from the above-mentioned schools for a flat daily fee of \$7.00/pick-up.

REGULAR HOURS

Monday-Friday 3:30-7:30 p.m.

EXTENDED HOURS

Available Monday-Thursday 6:30-8:00 PM (\$30.00/30 min). Must be paid at time of pick-up. There will be NO extended hours on Fridays.

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TUITION POLICY

There is an annual \$55.00 registration fee that is charged every year on the date the student is registered. The sibling discount of 10% can be added to the registration fee.

Sibling Discount: A 10% discount is offered for each additional child for tuition, registration fees, and participation fees. This discount is not applicable for dancewear, costumes, books, or instruments.

Members of Inna’s Hall of Fame YAEP Program are billed every month on the 26th for the following month. **If payment is not received by the 26th of each month, a late fee of \$25.00 will be charged.** Adjustments may be possible if a serious financial need occurs.

This is a monthly commitment. Days of attendance must be selected at time of registration and must remain consistent for the given month. All changes must be made in writing by the 20th day of the previous month.

INCLUDES: Transportation, instrument rentals, art supplies, homework materials, and class fees. If you are interested in private lessons, we offer a discounted YAEP package that includes one 30 minute private class per week of your choosing for an additional \$140/month.

MONTHLY FEE SCHEDULE 2019-2020 Days Per Week	After School Program with <u>3</u> group classes per day	After School Program with <u>2</u> group classes per day
5 days	\$470* (includes 15 group classes per week)	\$430* (includes 10 group classes per week)
4 days	\$420* (includes 12 group classes per week)	\$410* (includes 8 group classes per week)
3 days	\$360* (includes 9 group classes per week)	\$340* (includes 6 group classes per week)
2 days	\$330* (includes 6 group classes per week)	\$320* (includes 4 group classes per week)
1 day	\$315* (includes 3 group classes per week)	\$305* (includes 2 group classes per week)

GROUP CLASS PRICES FOR YAEP STUDENTS*

Classes must be selected at time of registration and must remain consistent for the given month. Many classes have limited spaces. It is strongly recommended to stay with the selections made at the time of registration. Please refer to our group class schedule for class selection. Please see our front desk or call 954-237-6021 for availability.

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SPECIAL PROGRAMS

The following programs require separate registration and payment.

Vacation Days:

The Vacation Day program is a fun and exciting way to spend your child's day off from school. This program features fun-filled activities in our studio, organized by our talented **music, dance, and acting teachers**.

Mini Camps:

Inna's Hall of Fame is the ideal place to be during the Thanksgiving and Spring breaks. The mini-camp will allow your children to fully expand in any area of the arts, while making new friends and learning from our talented **music, dance, and acting teachers**. It's a fun, exciting and an educational way to spend their breaks.

Vacation Days / Mini Camp Fees (Daily Rates):

Children already enrolled in our After School Program: \$55/day

Children currently registered for any class at Inna's Hall of Fame: \$55/day

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