

The Edge Performing Arts Centre

*721 Main, Winfield, Kansas 67156
(620) 229-9300*

Welcome

Our Mission Statement

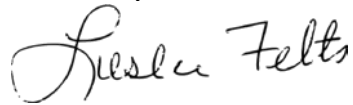
“To use the fine arts to develop dedication, appreciation, and discipline that lasts a lifetime.”

Welcome to the Edge Performing Arts Centre! Our Award-Winning staff of Instructors, Choreographers and Student Teachers is eager to enrich your life through the expression of dance and music.

In December of each year our Ballet students put on a production of “The Nutcracker” with rave reviews from the community. We will continue to make this an annual event for those students enrolled in our Ballet program. There will also be a recital at the end of the year for all Students except Ballet.

We look forward to your participation in our studio.

Sincerely,



Leslie Felts
Studio Owner

*****THE EDGE PERFORMING ARTS CENTRE*****
FALL SCHEDULE 2024/2025
Begins August 20th, 2024

Student Name: _____

Date: _____

Address: _____

Phone: _____ **E-mail Address:** _____

TUESDAY

- ____ 4:15 – 5:00 PM – Hip Hop 1 – Room 1
- ____ 5:00 – 5:30 PM – Conditioning – Room 1
- ____ 5:30 – 6:00 PM – Flexibility – Room 1
- ____ 5:30 – 6:00 PM – Tiny Tot Tumbling – Room 2
- ____ 6:00 – 6:30 PM – Combo 1 – Room 1
- ____ 6:00 – 6:45 PM – Tumbling 1 – Room 2
- ____ 6:00 – 7:00 PM – Ballet 2/3 – Room 3
- ____ 6:30 – 7:15 PM – Combo 2 – Room 1
- ____ 7:00 – 7:45 PM – Tumbling 2/3 – Room 2
- ____ 7:45 – 8:30 PM – Tap 2/3 – Room 1

WEDNESDAY

- ____ 5:00 – 5:30 PM – Company Warmups – Room 1
- ____ 5:30 – 7:00 PM – Company Groups / Duo & Trio Time – Room 1
- ____ 7:00 – 7:45 PM – Leaps, Turns & Extensions – Room 1
- ____ 7:45 – 8:30 PM – Acro – Room 1

THURSDAY

- ____ 5:00 – 5:30 PM – Conditioning – Room 1
- ____ 5:30 – 6:00 PM – Flexibility – Room 3
- ____ 6:00 – 6:45 PM – Ballet 1 – Room 1
- ____ 6:15 – 7:00 PM – Hip Hop 2/3 – Room 3
- ____ 6:45 – 7:30 PM – Jazz 1 – Room 1
- ____ 7:00 – 7:30 PM – Pointe / Pre-Pointe – Room 3
- ____ 7:30 – 8:15 PM – Tap 1 – Room 2
- ____ 7:30 – 8:30 PM – Jazz / Lyrical 2/3 – Room 1

Monthly Tuition is based on a twelve-month dance year with approximately four weeks per month. There is no extra charge for months with five lessons, nor is there a reduction or refunds for any classes missed for holidays or breaks. We continue enrollment even after the start of the dance year, so some of our classes may reach maximum class size and we will have to close enrollment for this class. For this reason, if you sit out a month, you may not have a place in class the next month.

Tuition is due the first of every month. You are responsible for monthly tuition until you notify the studio office of your intent to withdraw from a class. Charges will continue until we receive a notification of a dropped class from a parent.

Tuition is NON-refundable, and NON-transferable.

There is a \$25.00 annual enrollment fee for first time students (+\$5 for siblings). \$10.00 annual re-enrollment fee for existing students to be paid annually at Fall enrollment.

Classes must be made up within one month of the missed class. Students may make-up in the same or one level below their current level.

EDGE PAC ENROLLMENT FORM CONTINUED ON THE BACK

Classes Per Week

Monthly Tuition

1	\$50.00
2	\$90.00
3	\$130.00
4	\$170.00

Unlimited Classes Prices

1 Student	\$190.00
2 Students	\$250.00
3+ Students	\$355.00

1-2 Routines	\$45.00
3-5 Routines	\$55.00
6+ Routines	\$65.00

Tuition \$ _____ Enrollment fee \$ _____ Misc. Fees \$ _____ Company Fee \$ _____

Total Cost \$ _____

Parent Signature _____ Date _____

If you intend to make ANY changes to your child's schedule in the middle of the season schedule, please submit an Add/Drop Form (provided in your enrollment package). We cannot guarantee that you will not be billed incorrectly without a completed form in your child's file.



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 dance@theedge.kscoxmail.com

Season _____ Year _____
 Sign-Up Date: _____

New Student Registration Form

Student Information

Student's Name: _____ Date of Birth (MM/DD/YYYY): _____
 Mailing Address: _____
 Primary Phone: _____ Phone (2): _____
 Name of Person responsible for paying fees: _____
 Primary Email Address: _____
 Primary Billing Phone #: _____

Transferring from another studio? Yes No If yes, from where? _____

_____ I/we understand the Studio Policies
 _____ I/we understand the risks related to dance
 _____ I/we understand the dress code
 _____ I/we give media use rights permission

_____ I/we understand my billing obligations
 _____ I/we understand my responsibilities for my property
 _____ I/we understand the schedule
 _____ I/we understand the attendance policy

 Signature of Responsible Party

 Date

Classes

Class Name	Day & Time	Fee

Fees

Enrollment Fee: _____
 Tuition: _____
 Discounts: _____
 Total Monthly Tuition:

Measurements

Height _____ Shoe Size _____
 Girth _____ Tights Size _____
 Inseam _____ Leotard Size _____
 Waist _____ T-Shirt Size _____

Medical

Allergies: _____
 Will your child require any special medical attention during a normal class: (yes/no) _____?
 If yes – Explain: _____

Emergency Contact Information

Name: _____ Relationship to Student: _____
 Address: _____
 Primary Phone: _____ Phone (2): _____

For Staff Use Only

Added to Remind Account Opened Processed by: _____
 Added to Facebook Reoccurring Created _____
 Add/Drop Slip Discussed Paid in Full Method of Payment: _____
 USD465 Policy Discussed
 Notes: _____



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SAFE PASSAGE POLICY

Child's Name: _____

Authorization to Leave Premises Unescorted:

- My child is 14 years or older and has my permission to check him/herself out of The Edge PAC
- My child is 14 years or older but does not have my permission to check him/herself out of The Edge PAC

Children younger than 14 years old may leave The Edge PAC with a relative so long as the relative is 14 years or older.

- My child is younger than 14 years old, but has my permission to leave The Edge PAC with:

Age: _____ Relationship: Brother Sister Cousin Aunt/Uncle

- My child is younger than 14 years old, but has my permission to leave The Edge PAC with:

Age: _____ Relationship: Brother Sister Cousin Aunt/Uncle

- My child is younger than 14 years old, but has my permission to leave The Edge PAC with:

Age: _____ Relationship: Brother Sister Cousin Aunt/Uncle

- My child is younger than 14 years old, but has my permission to leave The Edge PAC with:

Age: _____ Relationship: Brother Sister Cousin Aunt/Uncle

I understand The Edge PAC has adopted a Safe Passage Policy that prohibits students from coming and going as they please. I understand that once a child has entered the building, they will not be allowed to leave until a parent/guardian/authorized adult arrives to retrieve them. I understand that The Edge PAC is not a licensed day care facility and that staff will not physically restrain children who insist on leaving without parent permission.

Signature of Parent/Guardian: _____ Date: _____

Edge Performing Arts Centre Dress Code Effective January 4th, 2019

Hair **MUST** be up in a ponytail or bun for **EVERY** class unless an instructor asks you to take it down.

Beginning January 4th, 2019, the following dress code will be **STRICTLY** enforced for **ALL** students at The Edge Performing Arts Centre.

ACCEPTABLE DANCEWEAR

Bottoms:

- Tights
- Booty
- Shorts
- Fitted
- Jazz Pants
- Fitted
- Yoga
- Pants

Tops:

- Leotard
- Sports Bra
- Fitted Tank Top

Shoes:

The following shoes are the ONLY shoes that are acceptable for the listed classes. You will not participate in class without the required shoe for each class.

- Jazz – Jazz Shoes or Turners
- Choreography – Jazz Shoes or Turners
- Leaps & Turns – Jazz Shoes or Turners
- Tumbling – Bare Feet
- Flexibility – Bare Feet
- Tap – Tap Shoes
- Ballet – Ballet Shoes or Pointe Shoes
- Hip Hop – Tennis Shoes or Jazz Shoe
- Conditioning – Tennis Shoes
- Musical Theatre – Jazz Shoes or Character
- Combo – Ballet Shoes & Tap Shoes
- Leaps & Turns – Jazz Shoes or Turners

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Waiver and Release

I hereby waive all claims for injury, damage, loss or theft to my person and property during my participation in "The Edge Performing Arts Centre" classes, events or any time you are at the Studio and release the promoters, directors, principals, agents and employers of "The Edge Performing Arts Centre" organization from any liability for injury, damage, loss, or theft which may be caused by any act or omission of any of those mentioned. I understand that the purposes of "The Edge Performing Arts Centre" events are to provide performing experience in various forms of fine art. These activities may include workshops, rehearsal sessions, competitions, conventions, and performances by the participants. Photographs, recordings, taping or filming of participants by any and all "The Edge Performing Arts Centre" staff member or members of the press become the property of "The Edge Performing Arts Centre" and may be used for future publicity.

Contagious illnesses (such as the flu, colds, or strep throat) spread from person to person in several ways. One way is through direct physical contact, like touching a person who has the infection. Another way is when an infectious microbe travels through the air after someone nearby sneezes or coughs.

The Edge Performing Arts Centre (Edge PAC) cannot guarantee that you or your child(ren) will not come into contact with contagions while attending class at the Edge PAC.

I understand that the risk of becoming ill at the Edge PAC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Edge PAC employees or program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself, including but not limited to illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Edge PAC.

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Edge PAC and its employees of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I acknowledge the nature contagious illnesses and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by attending the Edge PAC.

By signing, the undersigned participant, and said participant's parent(s) expressly adopt and agree to be bound by the above waiver and release agreement and / or rules. The signature of the parent or guardian is required as a condition of participation in "The Edge Performing Arts Centre" classes, activities and events.

Parent/Guardian's signature:

Date:

Parent/Guardian's name (please print):

Witness:

Child's Name:

Date:

Phone Number:



Photo Release Form for Minors (if under 18)

The Edge Performing Arts Centre has my permission to use my child's photograph publicly to promote the dance studio. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature:

Date:

Parent/Guardian's name (please print):

Child's Name: _____

Phone Number: _____

Photo Release Form for Adults

The Edge Performing Arts Centre has my permission to use my photograph publicly to promote the dance studio. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty fee or other compensation shall become payable to me by reason of such use.

Signature:

Date:

Name: (please print):

Phone Number: _____

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Authorization for Emergency Care

In the event of an emergency, and I cannot be reached, I,

_____, parent/legal guardian of
_____, hereby authorize any
principal or responsible party employed by the Edge Performing Arts Centre
to initiate appropriate medical care by licensed medical professionals.

Signature of Parent or Legal Guardian

Date

Witness

Date

The Edge Performing Arts Centre

Drop/Add Slip

Student Name: _____

Effective Date: _____

CLASS

Name Class and Circle Either Drop/Add

_____	Drop / Add	_____	Drop / Add
_____	Drop / Add	_____	Drop / Add
_____	Drop / Add	_____	Drop / Add
_____	Drop / Add	_____	Drop / Add

Parent Signature: _____

Date: _____