

Ryan-Kilcoyne School of Irish Dancing Tuition Agreement 2019-2020

▶ A registration form must be completed for each family. The annual registration fee for the 2019-2020 school year is \$75 per family and is included in the first payment. Any outstanding tuition balances from the 2018-2019 year must be satisfied before students can begin classes.

▶ Parents undertake the obligation to pay the entire year's tuition when they enroll. Tuition for the year is paid in four installments. The first payment, which includes the registration fee, and registration form are due at the first class attended. The second payment is due by November 15th. The third payment is due by February 1st. The fourth payment is due by April 15th. Tuition must be paid whether the child attends class or not. All tuition and fees must be paid up-to-date or the dancer will not be allowed to participate in classes, competitions, or school functions.

▶ Cash or a check made payable to Christina Ryan-Kilcoyne will be accepted.

<u>One Class Per Week</u>	<u>Annual Cost</u>	<u>Amount Due at 1st class</u>	<u>Nov 15 Amount Due</u>	<u>Feb 1 Amount Due</u>	<u>Apr 15 Amount Due</u>
1 Dancer	\$825	\$262.50	\$187.50	\$187.50	\$187.50
2 Dancers	\$1,425	\$412.50	\$337.50	\$337.50	\$337.50
3 Dancers	\$1,950	\$543.75	\$468.75	\$468.75	\$468.75

<u>Two Classes Per Week (beginner-prizewinner dancers only)</u>	<u>Annual Cost</u>	<u>Amount Due at 1st class</u>	<u>Nov 15 Amount Due</u>	<u>Feb 1 Amount Due</u>	<u>Apr 15 Amount Due</u>
1 Dancer	\$1,275	\$375	\$300	\$300	\$300
2 Dancers	\$2,235	\$615	\$540	\$540	\$540
3 Dancers	\$3,075	\$825	\$750	\$750	\$750

▶ Classes run from the first week in September (9/4/19) through the third week in June (6/18/20).

▶ The Ryan-Kilcoyne School will be closed for Halloween (10/31/19), Thanksgiving (11/28/19), the week of 12/22/19 and 12/29/19 for the Christmas/New Years Holidays, Martin Luther King, Jr. Day (1/20/20), President's Day (2/17/20), Holy Thursday (4/9/20), and Memorial Day (5/25/20).

▶ Class cancellations due to inclement weather are completely out of the school's control. If the local school district is closed (i.e., Doylestown – Central Bucks School District; Newtown/Ivyland – Council Rock School District) or if there is an early dismissal, classes will be cancelled. When a class is cancelled or if a student misses a class, the student is encouraged to make up the class by staying for two classes the following week or attend class at another location. Students who miss a class may make up the class ***within the month*** the class is missed once they let the teacher know. The teacher will determine your child's class. Students may not change the location or time of their classes without first consulting the teacher.

▶ Parents are not permitted in class; parents please wait in the designated waiting area for each class location. **Class time is teaching time. Please respect all our dancers and allow the teacher to devote their full attention to teaching each class.**

▶ The Ryan-Kilcoyne School of Irish Dancing will not be responsible for any injury, damages, or claims incurred as a result of Irish dancing classes.

1. I understand and agree to the above. circle: **Yes** or **No**
2. I agree to have my name and contact information distributed **only** to other members of the Ryan-Kilcoyne School. circle: **Yes** or **No**
3. I agree to allow my child(ren)'s picture to be used for local newspaper articles and/or advertisements about the Ryan-Kilcoyne School. circle: **Yes** or **No**
4. I agree to allow my child(ren)'s picture to be used on the Ryan-Kilcoyne School photo album/Facebook page. circle: **Yes** or **No**

Parent/Guardian Signature _____ Date _____

Ryan-Kilcoyne School of Irish Dancing 2019 – 2020 Registration Form

Payments Due:	Date Paid	Check #	Amount
<u>Amount Due at 1st class</u> = \$ _____			
<u>Amount Due November 15th</u> = \$ _____			
<u>Amount Due February 1st</u> = \$ _____			
<u>Amount Due April 15th</u> = \$ _____			

Child 1 Name _____ **Birthdate** _____

Child 2 Name _____ **Birthdate** _____

Child 3 Name _____ **Birthdate** _____

Address _____

City, State, Zip _____

Phone _____

E-mail address _____

Mother's first name: _____ **Father's first name:** _____

Class (Circle Selections):

Doylestown (Mondays)	Newtown (Wednesdays)	Ivyland (Thursdays)
Beginner/Advanced Beginner (4:30 – 5:30) Novice/Prizewinner (5:00 – 6:00)	5:00 – 6:00 Beginner/Advanced Beginner	5:00 – 6:00 Beginner/Advanced Beginner/Novice/Prizewinner
	6:00 – 7:00 Novice/Prizewinner	
	6:30 – 8:00 Preliminary Championship/Open Championship	