

# **danceability, Inc.**

**n. to enable through movement**

## **Welcome Letter (New Students Only)**

Welcome to all of our potential dancers and their family and friends. It is very exciting that you have given us the opportunity to be a part of your lives. *Danceability, Inc.* caters to individuals with, but not limited to, the following disabilities: Angelman's syndrome, autism, cerebral palsy, Down Syndrome, learning disabilities, mental and emotional disorders, etc. We promise to be more than a dance program. *Danceability* seeks to be a recreational retreat for those who love dance and music and the families that love them. As the co-executive directors, co-founders, and lead instructors, we pride ourselves on the connections we create and maintain with all who come into our studio. We want you to feel that our program is a place where you can relax, vent, seek advice from peers and educated professionals, and just have fun.

Classes run throughout the week from September to May and are 45 minutes long. Students will be assessed and placed into a class based on the following criteria: a) ability, b) age, and c) class size. We will work hard to find the best fit for each student and will not hesitate to make a change if necessary. We ask that families and staff be as flexible with their schedules as possible in order to accommodate the very best class fit for their loved one.

Payments involve registration fee, tuition and a very small costume fee that only applies to those participating in the annual performance. Families are encouraged to seek third party payment; contact your service coordinator and insurance company to see what money is available for recreational and wellness activities. You may be surprised! We will provide you with an invoice and they will help you from there.

Our primary task is dance education, but having been in the field for years, we know that it can be about much more; education, socialization, behavior modification, sensory work, FUN and having someone listen. We hope that through good communication between us and yourselves, your needs will be met.

Sincerely,

*Robin Slisz-Bishop and Christine Kwiatkowski*  
Co-founders and Executive Directors

**\*\*\*THIS PAPER SERVES AS YOUR BILL \*\*\***

**We cannot bill everyone prior to payment due dates.  
Please keep this for your records; we do not bill separately.**

**Summer Tuition**

6 weeks = \$75 + \$20 (annual registration fee) = \$95  
(Registration fee is paid only one time annually and is non-refundable)

**Regular Tuition**

Registration Fee = \$20 (non-refundable)  
Tuition = \$55/mth x 9months = \$495  
Costume Fee = \$30

**Total = \$ 545**

**\*\*Registration Fee will be waived for those who pay the entire cost at Registration\*\***

**Discounted Total = \$ 525**

**Tuition Breakdown if not paid up front:**

<b>REGISTRATION FEE</b>	<b>(*AT REGISTRATION \$20.00)</b>	
<b>*1<sup>st</sup> PAYMENT DUE</b>	<b>SEPT 15<sup>TH</sup></b>	<b>TUITION/COSTUME - \$225(Performers) TUITION ONLY - \$195 (Nonperformers)</b>
<b>*2<sup>nd</sup> PAYMENT DUE</b>	<b>DEC 15<sup>TH</sup></b>	<b>\$150.00</b>
<b>*FINAL PAYMENT DUE</b>	<b>MAR 15<sup>th</sup></b>	<b>\$150.00</b>

\* Late fee of \$10 will be assessed if tuition is not received by the payment due dates

\*\*Until this year, *danceability* has NEVER raised its tuition. The above reflects a \$5/month increase.

Please speak with us directly if you feel you need tuition assistance!\*\*

\*If tuition is not paid by the first week of May, including late fees, complimentary tickets will not be given.

\* There will be a \$25 fee assessed for all returned checks.

\* *Danceability* is a part of Independent Health FlexFit Family.

\* Families are encouraged to seek third party payment. Contact your service coordinator and insurance companies to see what money is available for recreational and wellness activities.

\*Scholarships available dependent on needs. See directors for application and criteria.

\*Checks are preferred for record-keeping purposes.

**\*\*\*PLEASE KEEP THIS PAPER FOR YOUR RECORDS\*\*\***

**3859 Union Road, Cheektowaga, NY 14225 Ste 600 Phone: 651-0094 /986-2591/ 713-0103**

**Email: [danceability07@yahoo.com](mailto:danceability07@yahoo.com) Website: [www.danceabilityinc.com](http://www.danceabilityinc.com)**

**Registration Form**

**Registration Fee** of \$20.00 payable to **danceability, Inc.** is required upon the completion of this form.

**Please Print**

Student's Full Name / Nickname:

\_\_\_\_\_

Parent(s)/ Guardian's Full Name:

\_\_\_\_\_

Address:( If dancer lives in a Group Home, please provide the Group Home's address/ phone here)

\_\_\_\_\_

City \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Students Living in Group Homes**

Group Home Manager's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Note: If a dancer is brought from a group home, it is the group home staff/ manager's responsibility to communicate all important danceability information (i.e schedule changes, finances, performance information) to parents/ guardians.**

Share with us pertinent medical information that may help us to better serve the student, i.e. seizures, verbal cues, sign language, special needs, behavioral modifications, emergency medications (i.e. Epi Pen, etc).

*Parents/guardians/group home staff are required to bring to each class emergency medications needed by the dancer. If needed, medications will be administered by the parent/guardian/staff.:*

\_\_\_\_\_  
\_\_\_\_\_

Can this child/adult use the restroom facilities independently? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the student interested in participating in our year-end performance? Yes \_\_\_\_\_ No \_\_\_\_\_

*Safety is of the utmost importance within the danceability, Inc. program. If a student consistently demonstrates violent behavior every attempt of classroom behavioral modification will be made, however dismissal from program may occur if behavior continues.*

**Self, Parent, Legal Guardian, Staff Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**In Case of Emergency Please Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**danceability, Inc.**



**Release of Liability**

I, \_\_\_\_\_, on behalf of myself or as a parent and/or legal guardian and or conservator of, \_\_\_\_\_, acknowledge that dance activities have inherent benefits and risks, including the risk of physical injury. I have knowingly made a determination that the potential benefits of participation in this program are greater than any risks assumed. Further, I agree to assume the risk of such participation in this program. I hereby, intending to be legally bound, on behalf of myself, this person, my heirs, executor or administrator waive and forever release all claims for damages against *danceability, Inc.* Dance Program, its Board of Directors, instructors, volunteers and/or employees for any and all injuries this person may sustain while participating in this dance program. I hereby, intending to be legally bound, on behalf of myself, this person, my heirs, assigns, executor or administrator agree to hold harmless *danceability, Inc.* dance program, its Board or Directors, instructors, volunteers, and/or employees for any injuries this person may sustain while participating in this dance program.

Dated \_\_\_\_\_

Signature \_\_\_\_\_

(Self/Parent/Legal Guardian/Conservator)

**danceability, Inc.**

**Physician Statement &  
Medical Release for Participation**



Your patient, \_\_\_\_\_, is interested in participation in a dance/movement program at *danceability, Inc.* Danceability, Inc., while done in a group setting seeks to meet the needs of the individuals, thus understanding that some movement may be limited. The basics of our program work within the genres of tap, ballet, jazz and creative movement. Kindly confirm whether you approve of your patient's participation in a dance program and/or whether you recommend any limitations in this activity.

\_\_\_\_\_ This patient may participate in this dance program without restriction

\_\_\_\_\_ This patient may participate in this dance program with the following restrictions/limitations:

---

---

The student/ patient cannot start the program without medical consent! Please promptly return this form to the family. If you have any questions, please feel free to contact us at (716)651-0094 or [danceability07@yahoo.com](mailto:danceability07@yahoo.com)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Print Physician's Name

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
Date

**\*\* NEEDS TO BE COMPLETED AND HANDED IN BEFORE FIRST DANCE CLASS IN ORDER TO PARTICIPATE.**



**danceability, Inc.**  
**Photography & Videotape Consent**

*Classes may be photographed and/or videotaped periodically for presentations and program development. Photographs and/or videotape may be posted on YouTube, Facebook and other social media type websites. Presentations may include but are not limited to appeals to potential funding sources, in services, community events, demonstrations at colleges for intern recruitment as well as other invitations.*

*All photographs and videotape become the property of danceability, Inc.*

\_\_\_\_\_ Yes, (*dancer*) \_\_\_\_\_ may participate in videotaped segments and/or class photographs.

\_\_\_\_\_ No, (*Dancer*) \_\_\_\_\_ may not participate in any videotaped segments and/or class photographs.

I UNDERSTAND THAT IF A STUDENT CANNOT BE PHOTOGRAPHED OR VIDEOTAPED FOR ANY REASON, HE OR SHE WILL NOT BE ABLE TO PARTICIPATE IN THOSE PERFORMANCES WHERE PHOTOGRAPHY AND/OR VIDEOTAPING WILL OCCUR.

\_\_\_\_\_  
Signature

Please Circle one of the following:

Self / Parent / Legal Guardian / Conservator