



UNIVERSITY PERFORMING ARTS CENTRE

160 Alexandria Boulevard Oviedo, FL 32765 | 407 - 366 – 5779 | upacdance.com

JUDI FREED-SIEGFRIED
Artistic Director

5-WEEK SUMMER SESSION: JUNE 9–JULY 9
CO. INTENSIVE WORKSHOP: MAY 28–MAY 31, JULY 12–21
DANCE STUDY: MON, WED, FRI JUNE 8–JUNE 26

Please fill in the requested information below and return with a payment for the entire summer program.

CLASS ATTIRE

Students must wear leotards and tights to all classes. No t-shirts, pants, etc. Hair must be worn up. Ballet students must wear pink tights and pink ballet shoes. Preschool students will need both ballet shoes and hard-soled or tap shoes. Beginner jazz students may wear tennis shoes. Tap students will need tap shoes.

ADDITIONAL INFORMATION

- Parents are invited to watch class during the last week.
- There will be no deductions for missed lessons.
- Pre-registration forms for the fall session are located in the office.

TUITION

- The summer dance program is based on 5 weeks consisting of 2 lessons per week. Tuition is based on 8 lessons. 2 free lessons are given to allow for possible illness and/or vacations. No make-up classes are available.
- Tuition is \$110 for 45-minute classes; \$130 for 1-hour classes; \$110 for 2nd class in family; \$90 for 3rd class in family.
- Tuition for dance study classes is \$200. This class is only for the intermediate/advanced student.
- There is an additional charge of \$650 for the pointe class, which meets for a total of 5 sessions **June 10–June 26**.
- Tuition for intensive workshops is \$275 for company members (by audition only). **Bonus:** if the intensive workshop is paid in full, you may take Leaps & Turns/Stretch for FREE during the summer session or \$20 a class!
- A \$45 insurance surcharge is required for all Acrobatics and Company students.

Class _____ Day _____ Time _____ Teacher _____

Student Name _____ Age _____ Birthdate ____/____/____

Previous dance training: YES NO If Yes; School name _____ Years _____

Student Allergies _____

Parent/Guardian Name _____ Email _____

Address _____ City _____ ZIP _____

Home Phone _____ Cell Phone _____ Work phone _____

All parents / guardians must sign a Liability Waiver.

Signature _____ Date ____/____/____

Please select the classes you would like to take:

- | | | | |
|---|------------------------------------|--|--|
| <input type="checkbox"/> Preschool Combination (Ballet, Tap, Tumbling), Ages 3-5 | <input type="checkbox"/> Beginning | <input type="checkbox"/> Intermediate | |
| <input type="checkbox"/> Introduction to Dance (Tap, Ballet, Jazz), Ages 6-8 | | | |
| <input type="checkbox"/> Intermediate Dance (Tap, Ballet, Jazz), Ages 5-8 | | | |
| <input type="checkbox"/> Classical Ballet/Lyrical, Ages 6+ | <input type="checkbox"/> Beginning | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |
| <input type="checkbox"/> Tap, Ages 7+ | <input type="checkbox"/> Beginning | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |
| <input type="checkbox"/> Kids Bop Hip-Hop, Ages 5-7 | | | |
| <input type="checkbox"/> Jazz/Hip-Hop, Ages 7+ | <input type="checkbox"/> Beginning | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |
| <input type="checkbox"/> Acrobatics, Ages 7+ (\$45 insurance surcharge) | <input type="checkbox"/> Beginning | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |
| <input type="checkbox"/> Adult Physical Fitness | <input type="checkbox"/> Ballet | <input type="checkbox"/> Tap | <input type="checkbox"/> Jazz |
| <input type="checkbox"/> Dance Study (by audition only) | <input type="checkbox"/> Ages 6-9 | <input type="checkbox"/> Ages 10+ | |
| <input type="checkbox"/> Pointe (by audition only) | | | |
| <input type="checkbox"/> Technique Class (for intermediate/advanced students) | <input type="checkbox"/> Stretch | <input type="checkbox"/> Leaps & Turns | <input type="checkbox"/> Improv/Contemporary |
| <input type="checkbox"/> Intensive Workshop (by audition only) | <input type="checkbox"/> June | <input type="checkbox"/> July | |

(For office use only) Class code(s) _____ Insurance surcharge _____ Amt pd _____ # _____