

Impact Performing Arts Center, LLC

232 E Main Street
Port Washington WI, 53074
262.689.3090
www.DANCEwithIMPACT.com

Impact Dance
@dancewithimpact



venmo

Registration Form:

Summer Payment Plan: #1 pay in full #2 split (June 1 & July 1)

Fall Payment Plan: #1 Pay in full #2 Split (Sept 1 & Jan 1) #3 Monthly x 9 (1st&last +\$25)

Level/Prep	Day of Week	Time	Monthly Rate	Year Total	Notes
1.					
2.					
3.					
4.					
5.					
Registration Gift- SIZE:			Monthly Tuition Total \$	Year tuition \$	
Payment option: #1 / #2 / (#3 \$25 fee):			#3 (\$25 one time fee)	\$	
If #3 monthly plan is chosen, a CC authorization form is required to be on file.			Form Completed Y / N		
Recital Costume: Level 1-3 \$95 Lil Lyrical/jazz/pom \$95 Level 4/5 \$105 Level 5+-9 \$215 HH \$95 Pointe \$105				\$	
Fish Day Parade \$95 XMAS Parade \$65 Non competition/AOW \$95				\$	
(due at registration) Revolutions Dancewear Total:				\$	
Amount Due Upon Registration:				\$	
Payment Type:				\$	
Remainder Balance Due 2025-2026 Season:				\$	

I agree to the payment fees and terms listed above. **Tuition and costume payments are non-refundable or transferable.** A \$50+ class/ schedule/rehearsal change fee will be applied to your account if altering your registration form or private/group/competition contract. Levels 5+ and higher need to maintain 90% attendance, to participate in shows, makeup lessons are an additional cost. There is a **\$15.00 late fee** if your payment is received after the 5th of the month. Additional Private lesson, Company and Competition balances are billed separately, and have their own late fees noted on contract. All accounts must be paid in full or current to participate and before show costumes will be handed out. I have read, and reviewed the 2025/2026 paperwork.

Parent Signature _____ Date _____

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om
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Student Information Form Please write your child's name as you wish it to appear in Print.

Please PRINT

DANCERS NAME: _____

DOB: _____ **AGE:** _____ **YEARS OF EXPERIENCE** _____

***MEDICAL conditions/ Learning Disabilities-** _____

Parent Information

PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE: 1. Name/# _____

2. Name/# _____

EMAIL (please print) _____

***EMERGENCY CONTACT NAME/RELATIONSHIP other than above** _____

How did you hear about us? Social Media/ Parade / Word of mouth/ Friend

The undersigned, in consideration of being given instruction in dance, is being allowed to watch, participate, exercise, demonstrate or otherwise participate in the said dance at Impact Performing Arts Center, LLC, Port Washington, WI, does hereby irrevocably, personally, and for his and her heirs, assigns all legal representatives, release and waive past, present and future claims, demands and causes of action, which the undersigned now has or may in the future have against Impact Performing Arts Center, LLC, Jennifer Ratatori, and any and all officers, employees, agents, independent contractors, instructors and/or assistant instructors the Impact Performing Arts Center, LLC for any and all past, present and/or future injuries received as a spectator, participant, contestant, or in any other manner or form of practice, exercise and/or demonstration, while on the premises of Impact Performing Arts Center, LLC.

The undersigned covenants not to cause any action at law or inequity to be brought, or permit to be brought on his or her behalf, either directly or indirectly on account of the occurrence of any of the aforementioned injuries against any of the aforesaid parties arising out of action by the undersigned while engaging in any of the aforementioned on the said premises.

Because of the physical demand of class instruction, student (parents or legal guardian, if applicable) understand that he/she must be in good physical condition to participate in the aforesaid course of instruction and exercises. I understand I am taking an intense physical activity. Impact Performing Arts Center, LLC strongly recommends a complete physical examination before taking part in the aforementioned activities.

I give Impact Performing Arts Center, LLC the right and release of its staff to photograph/videotape said participant for use of advertising and promotional purposes on the Internet, social media and print ads.

If the applicant is under 18, his/her parent or legal guardian, who will thereby be bound by all of the terms and conditions of this application written above, must sign this application.

Sign: _____

Date: _____