Welcome to the 2025-26 season!



Dear Families,

We're excited to announce that fall registration is now open!

Fall non-competition classes begin September 8th. Registration is required through our online portal: <u>https://dancestudio-pro.com/online/onceuponadream</u>

Important notes about our online system:

- Once logged in, classes can be found under the **2025-2026 tab**.
- The portal will show available classes based on your child's age. <u>Please make sure your</u> <u>child's birthday is entered correctly</u>, or the correct classes may not appear.
- Make sure to complete all medical information in the portal.

All students must have these items <u>prior to their first class</u>:

- Submit a paper liability/medical form (included in this packet).
- Be enrolled in autopay through the portal with a current form of payment.

Tuition information:

- Monthly tuition will be automatically withdrawn on the 1st of each month.
 - 30 minute class- \$45 per month
 - 45 minute class- \$65 per month
- ACH payments: 1.5% convenience fee; Credit card payments: 3% fee
- A registration fee (\$30 per student or \$40 per family) and first month's tuition will be charged at the time of registration.

Mark your calendar:

- Studio walk-in hours start August 11th
 - Granger Studio: Monday & Tuesday 5:00-8:00pm
 - Wadsworth Studio: Monday-Wednesday 5:00-8:00pm
- 2026 Recital dates
 - Granger Studio: Friday, May 29th
 - Wadsworth Studio: Saturday, May 30th
 - Mon & Tues classes- early show; Wed & Thurs classes- afternoon show

We're looking forward to an amazing 23rd year and can't wait to see all your children soon! If you have any questions, don't hesitate to reach out by phone at Granger 330-239-1777 or Wadsworth 330-331-7307 and/or by email at onceuponadreamdanceandcheer@gmail.com.

Thank you,

Shannon and Patty

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Thursday 7-745 lyrical jazz 9-12 yrs kenna

When you get a chance can you please add this to wadsworth schedule. **2025–26 Class Schedule**



onceuponadreamdanceandcheer.com 330-331-7307

2025-26 Class Schedule

GRANGER STUDIO



330-239-1777



Once Upon a Dream Dance and Cheer

2025-26 Student Registration/Medical Form Granger Studio 330.239.1777 | Wadsworth Studio 330.331.7307

Student's Name			
Address			
		Zip	
Email Address		Date of Birth	
Parent One		Phone	
Parent Two		Phone	
Emergency Contact			
List chosen Class / Day	/ / Time / Cost		
1			
2			
Registration Fee (\$30/Family \$40)		Total Tuition per Month	

Studio Policy: Tuition is based on a yearly fee, paid equally from Sept. through May. This is not a monthly program. It is a 32/33-week program that runs from September 2025-May 2026. When registering, your child is reserving their spot for the entire season, and you are responsible for the entire season's tuition. Skipping months is not permitted. There will be no refunds or adjustments for missed classes. Students may make up missed classes within one month of absence. Tuition is automatically withdrawn on the first of every month. Autopay ACH checks have a service fee of 1.5%. Autopay payments with a credit card have a fee of 3%. Please note: 1. No refunds on costumes. 2. If your child takes classes on more than one day they may be performing in two different shows, and you may need to purchase tickets for two shows.

I have read the policies of Once Upon A Dream and agree to adhere to them. I authorize OUAD to automatically withdraw tuition on the first of every month. Viewing windows will be open the first class of the month. Once Upon A Dream retains the right to use any photography and video tapes for publicity and advertising. OUAD is not responsible for lost or stolen items.

Signature____



Once Upon a Dream Dance and Cheer

2025-26 Student Registration/Medical Form Granger Studio 330.239.1777 | Wadsworth Studio 330.331.7307

Student's Name

ASSUMPTION OF RISK, WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION

As legal guardian of the child I am registering, hereafter, child(ren) I recognize what potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to dance, tumbling, trampoline, cheerleading, parties, gymnastics and special events. Being fully aware of these dangers, I voluntarily consent and ACCEPT ALL RISKS associated with the participation of the aforementioned person(s) participating, as well as myself, in any and all Once Upon A Dream Dance and Cheer programs and activities including if I as a parent or guardian must enter the facility for any reason.

In consideration for allowing my child(ren) and me to use these facilities, I, on my behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE, its officers, directors, contractors, employees or staff from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of Once Upon A Dream Dance and Cheer including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, contractors, employees, or staff. My child is covered exclusively by insurance, and I am responsible for all of my child's medical payments. In the event of an emergency, I would like my above-mentioned child(ren) to be taken to a hospital for medical treatment, and I hold Once Upon A Dream Dance and Cheer and its representatives harmless in their execution of this action. I hereby authorize OUAD to act accordingly to their best judgement in any emergency requiring medical attention, and I hereby release OUAD from all liability for any injuries, illness, or death while going to and from OUAD and on the premises. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my child as a result of any injury sustained while participating at or for Once Upon A Dream Dance and Cheer. I understand that Once Upon A Dream Dance and Cheer, its coaches, and other staff members will not accept responsibility for injuries sustained by any student during the course of dance, tumbling, or cheerleading instruction, or in the course of any exhibition, competition, or clinic in which he/she may participate or while traveling to or from the event.

I have read and understood this ASSUMPTION OF RISK, WAIVER OF LIABILITY and MEDICAL AUTHORIZATION. I VOLUNTARILY affix my name in agreement. I hereby declare any physical, mental problems, restrictions, and or declare the participant to be in good physical condition and mental health.

Signature_____ Date_____

Medical History

Has your child ever been advised by a medical doctor to not participate in any athletic activity? Yes No

Explain

Allergies: foods, medicine, insects, plants, etc. Yes No

Explain

Medications? If so, list them here:

Has your child had any major illness or surgery? If so, list them here:

My child is covered exclusively by insurance, and I am responsible for all of my child's medical payments.

Signature_____Date_____I hereby authorize OUAD to act accordingly to their best judgement in any emergency requiring medical attention, and I hereby release OUAD from all liability for any injuries, illness, or death while going to and from OUAD, on the premises, or at a OUAD function. All medical expenses are the responsibility of the student or student's family. The undersigned gives permission to OUAD, its owners, staff, and self-contractors to seek medical treatment for the participant. I hereby declare any physical, mental problems, restrictions, and or declare the participant to be in good physical condition and mental health.

Signature