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: https://dancestudio-pro.com/online/onceuponadream

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 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 prior to their first class:

- 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- Monthly tuition will be automatically withdrawn on the 1st of each month.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 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

2025-26 Class Schedule

WADSWORTH STUDIO

MON

4:45-5:30 Ballet 1 5-8 yrs

Miss Brittany

5:30-6:15 Hip Hop 8yrs+

Miss Brittany

6:15-7:00 Lyrical/Jazz 8 yrs+

Miss Brittany

7:00-7:45 Hip Hop 8 yrs+

Miss Brittany

4:45-5:30 Ballet 2 8 yrs+

Miss Patty B

5:30-6:15 Lyrical/Jazz 5-8 yrs

Miss Patty B

6:30-7:15 Combo 3-5 yrs

Miss Trixio

TUES

6:00-6:45 Combo 5-7yrs

Miss Trixie

LITTLE MOMENTS



MEMORIES



Join the fun this season! **WED**

4:45-5:30 Jazz/Hip Hop 11-15 yrs

Miss Kailey

5:30-6:15 Lyrical 11-15 yrs

Miss Kailey

THURS

4:45-5:30

Hip Hop

5-8 yrs

Miss Kenna

5:30-6:15

Hip Hop

8 yrs+

Miss Kenna

5:30-6:15

Hip Hop

Boys ONLY

Mr. Denver

8 yrs+

Miss Kenna

4:45-5:30 Lyrical/Jazz 8 yrs+

Miss Coco

oco

5:30-6:15 Lyrical/Jazz 5-8 yrs

Miss Coco

6:15-7:00 Musical Theatre 8 yrs+

Miss Coco

7:00-7:45 Teen Lyrical

Miss Coco

7:45-8:30 Teen Hip Hop

Miss Coco

4:45-5:3 Combo 3-5 yrs

Miss 7

5:30-6: Combo

Mice Tr

6:15-7:0 Combo 3-5 yrs

Miss Trixie

7:00-7:45

Miss Trix

7:00-7:45 Lyrical/Jazz 9-12 yrs

Miss Kenna

4:45-5:30 Cheer 5-8 yrs

Miss Cara

5:30-6:15 Tumble 5-8 yrs

Miss Cara

6:15-7:00 Tumble 8 yrs+

Miss Cara







4:45-5:30

5-8 yrs

(No recital)

Miss Kayten Miss Cara A.

5:30-6:15

5-8 yrs

Miss Kayten Miss Cara A.

6:15-7:00

8 yrs+

(No recital)

Miss Cara A



2025-26 Class Schedule

GRANGER STUDIO

TUES

4:45-5:30 Hip Hop 5-8 yrs

Miss Regan

6:15-7:00 Lyrical/Jazz 6-10 yrs

Miss Regan

7:00-7:45 Hip Hop 8 yrs+

Miss Regan

5:30-6:15 Ballet 1 5-8 yrs 4:45-5:15

3-4 yrs

Miss Tiffany

5:15-6:00

Cheer

5-8 yrs

Miss Tiffany

6:00-6:45

5-8 yrs

Miss Tiffany

6:45-7:30

8 yrs+ (no recital) Miss Tiffany

Miss Patty B.

z

Miss Patty B

6:15-7:00

Combo

3-5 yrs

7:00-7:45 Ballet 2 8 yrs+

Miss Patty B.

WED

5:00-5:30 Tiny Tots 18m-3yrs

Miss Tiffany

5:30-6:15 Tumble 5-8 yrs (no recital)

Miss Tiffany

6:15-7:00 Cheer 5-8 yrs (no recital)

Miss Tiffany

THURS

5:15-6:00 Combo 3-5 yrs

Miss Patti

6:00-6:45 Combo 5-7 yrs Miss Patti



Register online today!

onceuponadreamdanceandcheer.com

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			
City	State	Zip	
Email Address		Date of Birth	
Parent One		Phone	
Parent Two		Phone	
Emergency Contact			
List chosen Class / Da	ay / Time / Cost		
1			
2			
Registration Fee (\$30/	Family \$40)	Total Tuition per Month	
monthly program. It is registering, your child entire season's tuition. missed classes. Stude automatically withdraw Autopay payments with your child takes classe you may need to purch I have read the policie automatically withdraw of the month. Once U	a 32/33-week prograr is reserving their spot for Skipping months is not ents may make up mission on the first of every months a credit card have a fewer on a credit card have a fewer on more than one datase tickets for two shows as of Once Upon A Dream tuition on the first of every pon A Dream retains to	ee, paid equally from Sept. through that runs from September 202 for the entire season, and you are permitted. There will be no refundated classes within one month of bonth. Autopay ACH checks have a see of 3%. Please note: 1. No refundate they may be performing in two are. The am and agree to adhere to them. Bery month. Viewing windows will be he right to use any photography lible for lost or stolen items.	25-May 2026. Where responsible for the design of adjustments for absence. Tuition is service fee of 1.5% design costumes. 2. I different shows, and I authorize OUAD to e open the first class
Signature		Da	te



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 docto	or to not participate in any athletic activity? YesNo
Explain	
Allergies: foods, medicine, insects, plants, etc. Yes _	
Explain	
Medications? If so, list them here:	
Has your child had any major illness or surgery? If so	o, list them here:
My child is covered exclusively by insurance, and I am res	ponsible for all of my child's medical payments.
gnature I hereby authorize OUAD to act accordingly to their bedgement in any emergency requiring medical attention, and I hereby release OUAD from all liability for any injuries, illness, or deathile going to and from OUAD, on the premises, or at a OUAD function. All medical expenses are the responsibility of the student's family. The undersigned gives permission to OUAD, its owners, staff, and self-contractors to seek medical treatment expension. I hereby declare any physical, mental problems, restrictions, and or declare the participant to be in good physical and mental health.	

Date