



JAMES DANCE & PERFORMING ARTS CENTER

ENROLLMENT APPLICATION 2025-2026

This application registers a student for class(es) at the James Dance & Performing Arts Center. Please submit a separate application for each student. All enrollment application forms and registration fees are due at the time of registration. **Questions? Phone: (330) 856-1711**

Student _____
(Last) (First)

School District _____ Grade Level _____ Current Age _____

Date of Birth _____ Student Cell _____

Parent/Guardian _____
(Last) (First)

Address _____

City _____ State _____ Zip _____

E-Mail _____

Phone _____ Texting? Y or N
(Preferred Phon) (Cell) (Circle)

Emergency Contact _____ Relationship _____

Phone _____
(Day) (Evening) (Cell)

How did you hear about us? _____ social media (Circle: FB, Instagram) _____ website _____ Google _____ Other _____
_____ referral _____

Payment:

_____ I am paying Registration for one student (\$35.00)

_____ I am paying Registration for Family (\$45.00) Please indicate number of students in family _____

Date Paid: _____ Check # _____ or M.O. made payable to "James Dance & PAC"

I, hereby assume all financial responsibility for my child(ren) enrolled in the James Dance & Performing Arts Center, Inc. In the event I cannot be reached, I authorize treatment be given should an emergency occur.

All students and the parents/guardians are aware of the possible injury that may occur during, before or after dance/acting/music classes, performances and/or rehearsals and are willing to assume those risks. It is agreed that students and their parent/guardian will not hold James Dance & PAC, its directors, officers and/or employees liable for any injuries sustained while in attendance or participating in any James Dance & PAC activity.

JDPAC utilizes video surveillance throughout the facility to ensure the health, welfare, and safety of all employees, students, families and visitors. Access to data is limited to designated administrative personnel, attorneys, and law enforcement agencies.

****We give our permission for the James Dance & PAC to use pictures and videos of our children for advertising purposes.**

I have read, understand and signed the parent agreement form and am willing and able to support my child(ren) both financially and emotionally in their dance, vocal, acting training.

Date _____ Parent/Guardian Signature _____

The center is not responsible for providing before or after class care for students. Parents with students under the age of 5 must remain in the Center during student class. Students are not to be left at the Center for excessive time periods before or after classes.

Mail Enrollment form with check/M.O. to: James Dance & PAC, 4030 North River RD, Warren, OH 44484

--Please complete the back of this form--

Please select classes

Broadway Babies _____ (age 2-3)
Little Stars 1 & 2 _____ (age 4-6)
Tumble Tots _____ (age 3-5)
Combo Classes _____ Ballet, Tap, Jazz: Levels 1-2-3-4

A La Carte/Add-on Classes (Levels assigned by instructor)

Ballet _____
Jazz _____
Tap _____
Contemporary _____
Hip Hop _____

Acrobatics _____
Air Tumble Track _____

Baton _____
Cheer/Pom-pom _____
Leaps & Turns _____
Musical Theater _____
Acting _____

INTERESTED IN EXTRA PERFORMANCE OPPORTUNITIES? CONSIDER JOINING ONE OF OUR PERFORMANCE TEAMS TODAY!

_____ ALL STAR PRODUCTION TEAM*
AGES 4 & UP WHO WANT TO BE A PART OF THE COMPETITION EXPERIENCE.
DANCERS ATTEND REGULAR CLASSES PLUS REHEARSALS AS NEEDED. ALSO
REQUIRED: 3 REGIONAL COMPETITIONS AND PARTICIPATION IN BALLET
PERFORMANCE AWARDS

_____ JDPAC ELITE TEAM*
AGES 6 & UP. HIGHEST LEVEL OF COMMITMENT. DANCERS TAKE BALLET AND
ALL TECHNIQUE CLASSES. MUST ATTEND AT LEAST 3 REGIONAL
COMPETITIONS, 2 CONVENTIONS, AS WELL AS ALL IN-STUDIO WORKSHOPS,
AND PARTICIPATION IN BALLET PERFORMANCE AWARDS

*Please refer to the requirements in this packet or inquire at the desk

**Please check if interested (changes must be requested in writing). We offer autopay to all JDPAC families. Payments are processed on the 5th of each month. You will need to save a credit/debit card to your online account. (Extra fees for additional expenses are by request only.)

_____ Please sign me up for autopay. Fees are charged at the regular monthly rate to the card on file.

Please add me to the following: _____ Email _____ Texting _____
(Cell number)

Signature _____

Date: _____