



2023/2024 ANNUAL TUITION INCLUDES

- All core academic curriculum *including* Spanish curriculum (4th - 12th Grade)
- Supplemental paper, pencils and art supplies.
- Preschool & Kindergarten: Weekly Ballet, Tap & Tumbling
- 1st - 3rd Grade: Weekly Ballet, Jazz, Tap & Tumbling plus one additional movement class
- 4th - 8th Grade: Weekly Ballet, Jazz, Tap & Tumbling plus one additional movement class.
- 9th - 12th Grade: Weekly Ballet, Jazz, Tumbling, Lyrical plus one additional movement class.
- Spring Recital Costumes - one 2-in-1 costume for Preschool to 3rd Grade, 2 recital costumes for 4th to 8th grade, 3 recital costumes for 9th - 12th grade.
- Holiday performance - on stage performance includes holiday costume rental and any extra rehearsals.
- Spring Showcase - on-stage performance includes any additional rehearsals. Two tickets to one performance time.

REGISTRATION

\$225 registration fee is due at the time of enrollment and is non-refundable. Annual registration is *auto-renewed* and charged to cards on file March 25th, 2023 for the 2023/2024 school year unless opted out via email at office@encoreacademy.com prior to March 25th, 2023. *If enrollment occurs after November 1st in the school year, additional registration of \$275 will apply to late registrations.*

ANNUAL TUITION

\$8500 due annually and can be paid in full or with a 10 or 12 month installment plan. *Tuition obligation can be reduced up to \$3000 depending upon financial aid/scholarship application and award.*



ACCREDITATION

Encore Academy is fully Accredited though Cognia with NCA CASI, NWAC and SACS CASI

AFTER SCHOOL SPORTS & ACTIVITIES

Encore Academy is an Associate Member of the Oregon School Activities Association. Our students have access to participate in after school sports such as Volleyball, Soccer, etc. at their local public school.



AFTER SCHOOL PROGRAM

Please inquire about our after school “kids club” program that runs Monday - Thursday 3:00pm to 5:30pm.



Student Application

Student's Information:

First Name		Last Name	
Date of Birth		Nickname	
Allergies		Medications	
Last Grade Completed		Previous School	

Parent or Guardian's Information:

First & Last Name	
Phone Number	
Email Address	
Address	

First & Last Name	
Phone Number	
Email Address	
Address	

Authorized Pickup List: (person or persons that is authorized to pick up the child)

Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship

Medical/Dental Contact Information:

Insurance Provider	Policy Number
Primary Physician Name	Phone
Dental Provider	Phone

Parent or Guardian Authorizations:

By enrolling in Encore Academy I authorize my child to participate in the following:

I give permission for my child to be taken on field trips or excursions by bus, private motor vehicle, as well as on neighborhood walking excursions under supervision.

My child may be photographed for publicity or news purposes.

My child may participate in classes and performances provided by Encore Dance Studio LLC and I agree to all studio waivers & policies.

In an emergency, the school has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

Parent/Guardian Signature _____ Date _____

Payment Details:

All payments are auto-deducted on the 25th of every month. You may provide a credit/debit card to keep on file or banking information. I authorize Encore Academy to auto-deduct from my account all necessary charges for enrollment, tuition and extra fees. I understand that I will be sent a statement monthly and that if anything is incorrect or unauthorized I will contact the school prior to the 25th. All payments are non-refundable.

Name on Card: _____

Card Numbers: _____

Expiration Date: _____

Billing Zip Code: _____ CVC: _____

Extra Medications/Allergies/Other Important Information:

Parent/Guardian Signature: _____ Date: _____



Financial Contract: 2023/2024

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Party responsible for bill:

Name: _____

Phone: _____

Email: _____

2023/2024 Annual Tuition

\$ _____

Tuition payments are automatically processed on the 25th of each month. Any payments not received by the 25th will be considered past due. A late fee of \$15 will be assessed.

Billing Plan (choose one):

___ Paid in full prior to August 25th \$ _____

___ 10 month plan \$ _____/mo **installment #1 due August 25th installment #10 due May 25th.**

___ 12 month plan \$ _____/mo **installment #1 due June 25th installment #12 due May 25th.**

Enrollment in our autopay system is required. Payments are automatically processed on the 25th of each month with a visa or mastercard. If you wish to pay by cash or check you may do so prior to the 25th of each month. If payment has not been made prior to the 25th, the card on file will be charged.



Financial Terms & Conditions

I, the undersigned, for good and valuable consideration, the receipt of which is hereby acknowledged, agree, promise, and covenant as follows:

I understand Encore Academy hires teachers on an annual basis and I agree I am responsible for the full amount of this contract whether or not my child(ren) completes the year at Encore Academy. _____ (*initial*)

Registration of \$225 is due at the time of enrollment and is non-refundable. Annual registration is *auto-renewed* and charged to cards on file **March 25th, 2024** for the 2024/2025 school year unless opted out prior to 3/25/2024 _____ (*initial*)

The sum of \$ _____ is due to Encore Academy for the above named student(s) for the school year and will be paid with the following installment plan: ___ Paid in Full ___ 10 month ___ 12 month. _____ (*initial*)

A late charge in the amount of \$15 will be applied if tuition is not paid by the 25th of each month. Returned checks are subject to a \$35.00 service charge. _____ (*initial*)

Encore Academy, upon five (5) days written notice has the right to cease to provide services to any student whose tuition is not paid in a timely manner as agreed to herein. Past due accounts may be sent to collections. _____ (*initial*)

Encore Academy may withhold the above named student's report card, diploma, participation in performances or classes until all financial obligations owing to EA resulting directly or indirectly from enrollment of the above named student(s) have been paid in full. _____ (*initial*)

That for the purpose of any suit, action and arbitration brought to collect any sum due hereunder, the losing party agrees to pay the prevailing party's costs and disbursements and attorney fees related to said proceedings. Further, in the same manner, if an appeal is taken from any decision of an arbitrator and trial court, the losing party agrees to pay to the prevailing party the prevailing party's costs, disbursements, and attorney fees on all appeals _____ (*initial*) .

PRIOR to the first tuition installment, if I or my student choose to withdraw from Encore Academy, I agree to pay \$600 to cancel the execution of my annual installment contract. _____ (*initial*)

I, THE UNDERSIGNED, HAVE READ AND AGREE, BY MY SIGNATURE BELOW, TO THE TERMS OF THIS PAYMENT PLAN, FINANCIAL TERMS & CONDITIONS:

Date: _____

Parent/Responsible Party Signature

Parent/Responsible Party Signature



PERMISSION FOR RELEASE OF STUDENT RECORDS

STUDENT NAME: _____ GRADE: _____

DATE OF BIRTH: _____

Please email or mail the following records to Encore Academy at: office@encoreacademy.com or 737 E Harbor Dr., Suite A, Warrenton, OR 97146. If you need to contact us our phone number is 503-861-1637.

- Health Records
- Grades to date of withdrawal
- Previous Year's Grades
- Test Results - Screening, any other State Testing
- IEP (if applicable)
- ETR (if applicable)
- 504 (if applicable)
- Attendance records
- Any other pertinent information
- ALL OF THE ABOVE

This is to certify that Encore Academy has my permission to request the above information from:

Date: _____

Parent or Guardian Signature: _____