



THE ONE NATION EXPERIENCE
A Movement Through **Dance** and Performing Arts

Located at:
Higher Level Worship Baptist Church
6788 Rockbridge Road
Stone Mountain, GA 30087

After School Program Registration

2017-2018

Contact Jerome Bennett (404) 838 9363
TheOneNationExperience@gmail.com



FEES:

Registration: \$45

WEEKLY RATE: **\$55**

Late pick up fee will be charged after 6:30pm: **\$1 Per Minute**

(The O.N.E. After School Program includes 1 Dance Class, Drama Class, Sports Skillz and Drillz)

PAYMENT SUBMISSION:

Weekly payments are due the Friday prior to the upcoming week. Payments that lapse more than 1 week are considered **late** and should be submitted with an additional \$10 late fee.

PAYMENT METHODS:

1. Online @ www.TheOneDanceStudio.com
2. Online @ www.PayPal.com to theonemovement@hotmail.com
3. Cash, Check or Money Order Made out to The O.N.E.

\$15: The O.N.E. T-shirt

***GWINNETT PARENTS PLEASE NOTE:**

The O.N.E. will meet Gwinnett parents for student drop off in the Publix parking lot on the corner of Centerville Hwy/ 124 and Annistown Rd 3550 Centerville Hwy Ste 201, Snellville GA 30039 at 6:45pm Daily. However, parents are welcome to pick students up from our location.

CLASS SCHEDULE

Level I (Beginners, Beginner/Intermediate)

Level II/III (Intermediate 1, Intermediate 2, Advanced 1)

Mondays

Drama 4:30pm

Tuesdays

Homework 4pm

Wednesdays

Library 4:00pm

Thursdays

Dance 4:30pm-5:30pm

Fridays

Free Day 4pm

Please Note:

The O.N.E. operates according to the Dekalb AND Gwinnett County Calendar. If Dekalb or Gwinnett County is out of school, The O.N.E. will not conduct classes.



REGISTRATION INFORMATION

Child's Name _____ Age/ Grade _____

Please take note of the After School Schedule and Class Schedule. If you select a class that runs after 6:30pm, you are responsible for picking your child up at the designated class end time.

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Class(es) signing up for _____

In the following please indicate Small, Medium, Large, etc **AND** number sizes:

Female Sizes Dress _____ Shirt _____ Pants _____

Male Sizes: Shirt _____ Pants _____

Parent's Name _____ & _____

Parent's # _____ & _____

Parent's Email _____ & _____

EMERGENCY CONTACT _____

Person(s) Authorized to pick up child:

Name _____ # _____ Relation _____

Name _____ # _____ Relation _____

Name _____ # _____ Relation _____



Child Pick Up Authorization

I give my child's School / After Care Program permission to release my child to The O.N.E. Dance for dance.

Parent's Name: _____

Parent's Signature: _____

Date: _____



LIABILITY WAIVER

As a participant in The O.N.E. Dance and Performing Arts program, I am stating that I do not have any physical disorder, injury or disability which might jeopardize my participation; and that I assume all risks or any damage, loss, injury or disability to my person or property that may occur as a result of such participation. And that I fully and completely RELEASE, ACQUIT, AND FOREVER DISCHARGE **The O.N.E.** and its respective principals, officers, directors, agents, insurers, employees, representatives, successors and assigns, from any and all claims, actions and causes of action that I may have now or may have in the future of any nature whatsoever. I further state and acknowledge that I will be solely responsible for any and all costs and expenses that I may suffer of any kind, whatsoever, in any matter relating to my participation in of **The O.N.E.** dance program, including, without limitation, costs and expenses arising out of any injury or other damage or loss I or any other person or entity may sustain and that I will not sue or assert any such claim against any of the designated parties. I also agree to allow my likeness to be used in photographs or video relating to **The O.N.E.** which may include social media, you tube, company website, literature, etc.

THE UNDERSIGNED HEREBY AGREES AND ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTANDS AND ACCEPTS CONDITIONS TO PARTICIPATION SET FORTH ABOVE HEREIN AND AGREES TO OBSERVE SUCH CONDITIONS IN FULL.

BY AGREEING TO THE ABOVE, YOU WILL BE SOLEY RESPONSIBLE FOR ANY INJURY, LOSS OR DAMAGE WHICH MAY RESULT FROM YOUR PARTICIPATION IN **THE O.N.E.** AND WILL GIVE UP AND RELEASE ANY RIGHT YOU MAY HAVE TO SUE FOR INJURIES OR DAMAGES RESULTING THERE FROM

STUDENT(S) NAME(S): _____ DATE: _____
PRINT PARENT/LEGAL GUARDIAN NAME _____
PARENT/ LEGAL GUARDIAN SIGNATURE _____