

189 North HWY 89, ste. G North Salt Lake, UT 84054 Phone: (801) 989-7769 Email: admin@mogaconservatory.com



# **SEASON DATES**

# Fall Semester (September 9, 2025 - December 19, 2025)

Classes Begin- 9/2

Fall Break- 10/13 - 10/18 (No classes)

Halloween- 10/31 (No classes)

Thanksgiving Break- 11/25-11/29 (No classes)

Last day of fall semester classes- 12/19

Winter Production Date TBA

Winter break Intensive for Intermediate and Advanced TBA

## Spring Semester (January 6, 2026 - May 22, 2026)

Classes Begin- 1/6

Martin Luther King Day- 1/19 (No classes)

President's Day- 2/16 (No classes)

Davis County Professional Day- 3/9 (No classes)

Spring Break- 3/28-4/4 (No classes)

Davis County Professional Day- 4/24 (No classes)

Last day of Spring Semester Classes- 5/22

Spring Production Date TBA

#### **Other Dates**

YAGP Salt Lake City



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## **Tuition Policy**

- (1)1st payments can be made in cash, check, or through the online portal. (Please make check to "MOGA"). Subsequent monthly payments must be made through the online parent portal on Dance Studio Pro with an account on file.
- (2) There will be a \$30 fee for returned checks.
- (3) If a payment is not made <u>on the student's first class after the due date</u>, a \$25 late fee will be charged, and participation of the student will be discontinued until the payment is received.
- (4) All tuition is non-refundable, non-transferable, and cannot be prorated. No exceptions allowed.
- (1) Students will make every effort to attend every class, on time, and ready to learn.
- (2) Students who continuously miss classes, for whatever reason, will not be able to perform the same sections as their classmates, in MOGA's production in June. Pre-professional classes progress at a fast rate, and those who miss the material taught, will fall behind.

and those who miss the material taught, will fall behind.  I have read, understand and agree to the above sta	tements.
CONSENT TO EMERGENCY TE  I acknowledge that there are risks inherent in any yout death arising from: participation in dance training and po of supervisors; communicable illness; and independent supervisors. I acknowledge that all risks cannot be preve the MOGA CONSERVATORY OF DANCE staff. In or participants, I will take responsibility to see that my stu health each day of the program. In case of medical attempt will be made to contact me or the emergency	REATMENT -  h program, including but not limited to injury or erformance; student's failure to follow instructions acts of third parties not under the control of ented, and assume those beyond the controls of der to minimize all risks to my student or other udent is prepared for all activities and is in good emergency, I understand that every reasonable
my named contacts cannot be reached, I give perr CONSERVATORY OF DANCE to secure medical trecharges for emergency medical treatment that are not considerable.  Signature:	nission to the chaperons and staff of MOGA eatment for my student. I agree to pay for any overed by my personal health insurance.
Emergency Contact	
Emergency Contact 1:	Phone:
Emergency Contact 2:	Phone:



Printed Name of Parent or Guardian: \_

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#### INDEMNIFICATION AND RELEASE I am the parent/guardian of , who desires to attend classes at MOGA CONSERVATORY OF DANCE. The Conservatory program includes dance training and educational activities. I understand that there is some risk of injury inherent in the dance training, educational and recreational activities included in the dance classes and that MOGA CONSERVATORY OF DANCE shall not be responsible for any injuries or damages suffered by my child, during my child's participation in the Conservatory's program. I, therefore, consent to my child's participation in Conservatory's program and I further consent to my child's participation in other activities such as performances in connection with the MOGA CONSERVATORY OF DANCE. INDEMNIFICATION: Furthermore, I hereby agree to indemnify and hold harmless MOGA CONSERVATORY OF DANCE and/or the agents, employees independent contractors, representatives and directors of this institution (collectively, the "Indemnified Parties") for any loss, claim, damage, suit, costs or expenses, including attorneys' fees and court costs, resulting from or arising out of any injury to any person or damage to property, caused by or incurred by myself, my child and/or my ward, incurred as a result of or during the conservatory's program or any activities in connection with the MOGA CONSERVATORY OF DANCE program. RELEASE: In consideration of MOGA CONSERVATORY OF DANCE's acceptance of my child in Conservatory's program, I do hereby voluntarily waive and release any and all actions, claims and demands for any damage, injury or loss to person or property which may be sustained by myself, my child and/or ward directly or indirectly whether caused by negligence or otherwise during the course of or as a result of participating in the program. I FURTHER UNDERSTAND THAT THIS RELEASE AND INDEMNIFICATION SHALL BE BINDING ON MYSELF, MY ASSIGNS, MY CHILDREN AND/OR WARDS, AND MY PERSONAL REPRESENTATIVES AND HEIRS. I certify that I have read, understand and agree to the contents of this document. Signature of Parent or Guardian: Date:



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# Media Recording/Usage Release

- Educational/Instructional media
- Recruitment/Outreach media
- Development media
- Newsworthy media documentation

I further authorize MOGA CONSERVATORY OF DANCE to use this electronic media and/or photographs in any manner-whole, or in part.

This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographical reproductions thereof for the production of educational, instructional, promotional, or institutional advancement materials which support the educational and outreach activities of MOGA CONSERVATORY OF DANCE.

I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs and I release MOGA CONSERVATORY OF DANCE and its component parts from all liability which could result from its use.

Participant's Name:	
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Parent's Signature:	
(Participant's signature if over the age of 18)	



#### MOGA CONSERVATORY OF DANCE

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# ELEMENTARY

Student's Name:	Date of Birth: Age:
Student's Address:	
City: State: Zip:	
E-mail Address:	Home Phone:
Parent's Name:	Cell Phone:
Parent's Name:	Cell Phone:

FALL SEMESTER TUITION PAYMENT PLAN						
#of classes /week	One-time Payment For whole semester 5%off	Four PAYMENTS Ist Payment Due on the day of registration	2 <sup>nd</sup> Payment Due on October I <sup>st</sup>	3 <sup>rd</sup> Payment Due on Nov I <sup>st</sup>	4 <sup>th</sup> Payment Due on Dec I <sup>st</sup>	
Required classes	\$399	\$105	\$105	\$105	\$105	
I additional class	+\$190	+\$50	+\$50	+\$50	+\$50	
2 additional classes	+\$342	+\$90	+\$90	+\$90	+\$90	
3 additional classes	+\$494	+\$130	+\$130	+\$130	+\$130	
4 additional classes	+\$627	+\$165	+\$165	+\$165	+\$165	
5 Additional Classes	+\$741	+\$195	+\$195	+\$195	+\$195	
6 Additional Classes	+\$779	+\$205	+\$205	+\$205	+\$205	

SPRING SEMESTER TUITION PAYMENT PLAN						
#of classes /week	One-time Payment  For whole semester 5%off	Five PAYMENTS Ist Payment Due on Jan 7	2 <sup>nd</sup> Payment Due on Feb I	3 <sup>rd</sup> Payment Due on Mar I	4 <sup>th</sup> Payment Due on Apr I	4 <sup>th</sup> Payment Due on May I
Required classes	\$498	\$105	\$105	\$105	\$105	\$105
l additional class	+\$237	+\$50	+\$50	+\$50	+\$50	+\$50
2 additional classes	+\$427	+\$90	+\$90	+\$90	+\$90	+\$90
3 additional classes	+\$617	+\$130	+\$130	+\$130	+\$130	+\$130
4 additional classes	+\$783	+\$165	+\$165	+\$165	+\$165	+\$165
5 additional classes	+\$926	+\$195	+\$195	+\$195	+\$195	+\$195
6 Additional Classes	+973	+\$205	+\$205	+\$205	+\$205	+\$205



5:30-6:15pm Music/ Musical Theatre

#### MOGA CONSERVATORY OF DANCE

(January 6th-May 22nd)

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# ELEMENTARY DIVISION

(Required classes are marked in √, please check the additional Classes begin on September 3<sup>rd</sup> classes you will be enrolling in) **Monday** 7:00-7:40pm Ballet Technique \*Registration fee \$35 One-time per year **Tuesday** registration fee ✓ 4:00-4:40pm Ballet Technique Early Enrollment before July 23, 4:45-5:30pm Ballet the fee is waived. 5:30-6:00pm Strengthening Wednesday **FALL SEMESTER** 4:00-4:40pm Ballet Technique ✓ (September 9th December 19th) **Thursday** 4:00-4:40pm Ballet **SPRING SEMESTER** 4:45-5:30pm Contemporary

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
	4:00-4:40 PM Ballet Technique Required for for Elementary Level	4:00-4:40 PM Ballet Technique Required for for Elementary Level	4:00-4:40 PM Ballet Technique	
	4:45-5:30 PM Ballet		4:45-5:30 PM Contemporary	
	5:30-6:00 PM Strengthening		5:30-6:15 PM Musical Theatre	
7:00-7:40 PM Ballet Technique				