Dance Innovations, Inc. ~ 3 Townsquare & 13 Roosevelt Ave. ~ Chatham, NJ 07928 SPRING 2025 REGISTRATION FORM

First Name:					
Current Age:					
E-mail:					
State:	Zip Code	:			
Cell Phone:					
Dad's Name & Work Phone:					
ove):					
Relationship:					
Policy Number	••				
she/he have any pre-existing	g conditions or allergies?				
NCE INNOVATIONS,	how did you hear abou	ut us?			
Does this person currently attend DI?					
Program: Summer (Camp: Other (Pleas	e explain):			
performing group contract tion unless you are a studer	nt/family with multiple class lll by the tenth (10 th) week	sses			
	Current Age:	Current Age:			

PARKING RULES: For the safety of the students, NO parking in undesignated spaces or stand idle for pickup ACCEPTANCE OF STUDIO POLICIES:

I agree that any physical activity such as dance, carries a risk of physical injury and Dance Innovations, Inc., its staff, instructors, their landlords or lessors are not responsible for injury to myself or my child, whether based on allegations or not, in anyway, by any reason of my child's participation in Dance Innovations' studio classes, rehearsals, performances and/or related programs and events. The studio is not responsible for lost property.

My signature below signifies that I have answered the questions on this form to the best of my ability, that I have reviewed the pre-printed information (if applicable) and agree that the information is currently accurate, and that I fully understand and agree to ALL conditions and STUDIO POLICIES as outlined above: This form is in conjunction with performing group contract and does not supercede its requirements.

Circle YES or NO to agreement to inclusion in social media postings (no name or personal information will be shared): YES NO

Parent's Signature: Date

SPRING 2025 ~ STUDENT NAME:							
CLASS	TECHNIQUE (T) or Performing Group (PG)	DAY & TIME	LENGTH	COSTUME (Technique Classes Only)	TUITION		
	TUITION/R	<u>EGISTRATION I</u>	FEES & PAYN	<u>MENTS</u>			
Registration Fee: \$10.00 (Per FAMILY) Total Tuition: TECHNIQUE CLASS(ES) Costume Fee(s) ~ Total Costumes () x \$100 : Total Amount: Less Tuition Discount: TOTAL AMOUNT DUE:							
<u>PAYMENTS</u>							
				BALANCE DUE_:			
	Check#	Cash Date(DI): Ir	nitials(DI):			
				BALANCE DUE:			
	Check#	Cash Date(DI): Ir	nitials(DI):			
				BALANCE DUE_:			
	Check#	Cash Date(DI): Ir	nitials(DI)::			
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				BALANCE DUE:			
FOR OFFICE USE	ONLY: RG:	ICI:		CI:			