

Dance Innovations, Inc. ~ 3 Townsquare & 13 Roosevelt Ave. ~ Chatham, NJ ~ 07928
Spring 2018 REGISTRATION FORM

STUDENT INFORMATION:

Last Name: _____ First Name: _____
Date of Birth: _____ Clothing Size: _____ Current Age: _____
Street Address: _____ e-mail _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Mom's Name & Work Phone: _____ Dad's Name & Work Phone: _____

EMERGENCY CONTACT (Other than above):

Name: _____
Phone Number: _____ Relationship: _____

MEDICAL INFORMATION:

Insurance Company: _____
Policy Number: _____

Is your child allergic to any food product or does she/he have any pre-existing conditions or allergies?
(This information will be kept strictly confidential and is for the purpose of helping the teacher make your child's class experience positive, productive and safe. If no allergies please put N/A)

IF YOU ARE NEW TO DANCE INNOVATIONS, How did you hear about us?

Name: _____ Does this person currently attend DI? _____
Outside Source: Ad: _____ Newspaper (Which one?): _____
Yellow Pages: _____ Arts & Education Program: _____ Summer Camp: _____
Other (Please explain): _____

STUDIO POLICIES:

~A \$25.00 Administrative Fee will be charged for *any and all* changes in Registration
~No Refunds or class changes after two (2) weeks (EXCLUDING PERFORMING GROUPS, as there are no refunds AT ANY TIME for the entirety of the year September- June)- see governing Performing group contract.
~A \$60.00 Returned Check Fee
~Payment is due IN FULL at the time of Registration unless you are a student/family with multiple classes
~For Families with **MULTIPLE CLASSES only**: Tuition Payment is due in full by the tenth (10th) week of the session*.
~*NOTE: There is a 20% Service Charge of Total Amount Due for Late Payments
PARKING RULES: For the safety of the students- parents will not be allowed to park in undesignated spaces or stand idled while picking up their child.

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 it's requirements

Parent's Signature/: _____ date _____
My signature here indicates I **choose not** to have my child participate in spring 2018 recital
Parent's Signature/: _____ Date _____

