

Dance Innovations, Inc. ~ 3 Townsquare & 13 Roosevelt Ave. ~ Chatham, NJ 07928
SPRING 2026 REGISTRATION FORM

STUDENT INFORMATION:

Last Name: _____ First Name: _____

Date of Birth: _____ Current Age: _____

Clothing Size: (please circle ONE): CHILD: XSC SC MC LC XLC / ADULT: XSA SA MA LA XLA
please keep in mind that costumes will be handed out in June and are not custom and as such you are responsible for alterations

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? _____

Website: _____ Social Media: _____ Summer Camp: _____ Other (Please explain): _____

STUDIO POLICIES:

~A \$25.00 administrative fee will be charged for *any and all* changes in registration
~ A \$60.00 returned check fee
~ No refunds or class changes after two weeks (EXCLUDING PERFORMING GROUPS, as there are no refunds AT ANY TIME for the entirety of the 2025/2026 performance season); see governing performing group contract.
~ 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 supersede its requirements. I give permission for my child to be included in social media and Website postings for performances and events for Dance Innovations and Dance Innovations Performance Foundation. No names or personal information will be revealed without specific permission.

Parent's Signature: _____

Date _____

