



FALL 2026 REGISTRATION FORM

3 Townsquare & 13 Roosevelt Ave. ~ Chatham, NJ 07928 ~ (973) 635-1205

Dance Innovations, Inc.

STUDENT INFORMATION

Last Name: _____ First Name: _____

Date of Birth: _____ Current Age: _____ Gender: _____

Clothing Size (circle ONE): CHILD: XSC SC MC LC XLC ADULT: XSA SA MA LA XLA

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Parent 1 Name: _____ Cell Phone: _____

Parent 2 / Other: _____ Cell Phone: _____

New to Dance Innovations? How did you hear about us? (*referral name / ad / Google / social media / camp / other*)

EMERGENCY CONTACT (other than above)

Name: _____ Phone: _____

Relationship: _____

MEDICAL INFORMATION

Insurance Company: _____ Policy #: _____

Allergies, medical conditions, or dietary needs we should know about (write N/A if none). Kept confidential and used only to keep your dancer safe:

STUDIO POLICIES

- A \$25.00 administrative fee will be charged for any and all changes in registration.
- A \$60.00 returned check fee applies.
- No refunds or class changes after two weeks — EXCLUDING Performing Groups, which have no refunds at any time for the entire 2026/2027 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.
- Families with MULTIPLE CLASSES only: tuition is due in full by the tenth (10th) week of the session. A 20% service charge of the total due applies to late payments.
- PARKING: For student safety, please do not park in undesignated spaces or stand idled while picking up your child.

ACCEPTANCE OF STUDIO POLICIES

I understand that dance and physical activity carry a risk of injury, and that Dance Innovations, Inc., its staff, instructors, landlords and lessors are not responsible for injury to me or my child arising from participation in classes, rehearsals, performances or related events, nor for lost property. My signature confirms that the information on this form is accurate and that I understand and agree to all Studio Policies above. This form works in conjunction with the Performing Group contract and does not supersede its requirements. I give permission for my child to appear in Dance Innovations and Dance Innovations Performance Foundation social media and website posts for performances and events; no names or personal information will be shared without specific permission.

Parent's Signature: _____ Date: _____

