## *Dance Innovations, Inc. ~ 3 Townsquare & 13 Roosevelt Ave. ~ Chatham, NJ 07928*
## FALL 2024 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**

**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:** _____ **Online:** _____ **Arts & Education Program:** _____ **Summer Camp:** _____ **Other:** _____

### *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 year); 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 supercede its requirements.**

**Parent's Signature:** _____ **Date**

**FALL 2024 ~ *STUDENT NAME*:** _____

| CLASS | TECHNIQUE (T) *or* Performing Group (PG) | DAY & TIME | LENGTH | COSTUME (Performing Group Classes Only) | TUITION |
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## *TUITION/REGISTRATION FEES & PAYMENTS*

### *FEES*

Registration Fee: **$10.00 (Per FAMILY)**

Total Tuition :_____

**PG CLASS(ES)** Costume Fee(s) ~ Total Costumes ($125)_x____; ($100) x____:_____

Total Amount_:_____

Less Tuition Discount_:_____

Less $100 Deposit made with PG contract (if applicable):_____

**TOTAL AMOUNT DUE**_:_____

### *PAYMENTS*

**BALANCE DUE**_:_____

Check#_____    Cash_____    Date(DI):_____    Initials(DI)_____ :_____

**BALANCE DUE** :_____

Check#_____    Cash_____    Date(DI):_____    Initials(DI)_____ :_____

**BALANCE DUE** :_____

Check#_____    Cash_____    Date(DI):_____    Initials(DI)_____ :_____

**BALANCE DUE** :_____

Check#_____    Cash_____    Date(DI):_____    Initials(DI)_____ :_____

**BALANCE DUE** :_____

Check#_____    Cash_____    Date(DI):_____    Initials(DI)_____ :_____

**BALANCE DUE** :_____

*FOR OFFICE USE ONLY*: RG: _____ ICI: _____ CI: _____