



# The Dance Academy of North Jersey 2017-18 Registration Form

**Lake Hopatcong:** 770 Route 15 South, STE 3, Lake Hopatcong, NJ 07849 Phone: 973-663-2009

**Sparta:** 328 Suite G Sparta Ave, Sparta, NJ 07871 Phone: 973-729-9449

Website: [www.danj.us](http://www.danj.us) Email: [dance.danj@gmail.com](mailto:dance.danj@gmail.com)

If you cannot complete the online registration form at [www.danj.us](http://www.danj.us), please complete this form and return with payment.

**Student** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Circle one: Male / Female    Date of Birth (mm/dd/yy) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_ School \_\_\_\_\_

Disabilities \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Student's Primary Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Health Insurance Carrier \_\_\_\_\_

Other Information you feel should be brought to our attention \_\_\_\_\_

**1<sup>st</sup> Parent /Guardian** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Home Address (if not same) \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

**2<sup>nd</sup> Parent /Guardian** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Home Address (if not same) \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact** Full Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## Class Preferences (see website or printed schedule for class descriptions and times)

1. Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

2. Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

3. Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

4. Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

5. Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

6. Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

7. Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

8. Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

9. Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

10. Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

11. Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

**Parent/Guardian Agreement -- Disclaimers and Other Acknowledgements**

**Assumption of Risk, Release of Liability, Medical Emergencies**

As the legal parent or guardian, I hereby release and hold harmless The Dance Academy of North Jersey LLC (herein referred to as "DANJ"), its owners, agents, servants and employees from and against any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, misadventure, harm, cost, damage, or injury, including death, that may arise from or relate to my child's and/or the participant's participation in DANJ classes and other activities while in or upon the premises or any premises under the control and/or supervision of DANJ, their owners and operators, or while en route to or from any of such premises. I certify that my child is in good health and proper physical condition to take part in dance activities. I understand that participation in classes involves physical movement and, therefore, there are certain risks inherent in the art of dancing. I agree to provide medical insurance for my child and family. If my emergency contact cannot be reached, I give permission to the staff of DANJ to render aid or to act in my behalf to obtain emergency medical treatment for the above named student for any illness or injury that may occur while attending classes, rehearsal, performances, or on the premises.

**Payment and Other Policies**

- Tuition is payable under one of the following payment plans and due dates:
  - i. 1 Payment, due upon registration;
  - ii. 3 Payments, payments due as follows: 1<sup>st</sup> upon registration; 2<sup>nd</sup>: 11/15/17; and 3<sup>rd</sup>: 2/15/18; or
  - iii. 10 Payments due as follows: 1<sup>st</sup> at registration; next 9 on the 15<sup>th</sup> of each month, starting 9/15/17, ending 5/15/18
- If my payment for any charge is overdue by four (4) days or more, I hereby authorize DANJ to charge my credit/debit card (that I have provided below) for the full amount due including any past due fees and charges.
- All checks are payable to DANJ and a service fee of \$35.00 will be charged for every bounced check. Cash payment will be due to DANJ for the amount of any bounced check as well as a \$35 service charge. A late fee of \$15.00 per month for all missed payments will be assessed and payable regardless of the reason.
- I understand that failure to pay tuition, late fees, or any other charges may result in termination of my child(ren)'s participation in their classes and any other DANJ activities until such a point that my account is made current.
- I understand that all recital costume charges and recital ticket package charges are due on or before November 1, 2017 and April 15, 2018, respectively, and that my child's participation in the annual recital is subject to my payment in full of all amounts due. If my payment for these costume charges is overdue, I hereby authorize DANJ to charge my credit/debit card (that I have provided below) for the full amount due including any past due fees and charges.
- I understand that if I decide to drop out of a class, I must notify the DANJ business manager in writing by the 5th of the preceding month in which my student is dropping in order to avoid being charged for the month (for example, you must notify the office on or before the 5th of October to avoid being charged for November).
- I understand that (a) all registration fees are non-refundable, (b) DANJ does NOT issue refunds for any reason, including missed classes due to illness, vacation, religious observance or withdrawal, and (c) any missed classes can be made up in another similar class during the same school year, subject to availability.
- I understand and agree to adhere to the following: (i) the DANJ Studio Policies; and (ii) if my child is a member of the DANJ Competition Team, the DANJ Competition Team Agreement. I understand and agree that DANJ may periodically send me billing statements and newsletters via email.

All accounts must have a credit/debit card on file: **Select Card:**  Visa  MasterCard  Disc; **Circle One:** Credit or Debit

**Account Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_ **Billing Zip Code** \_\_\_\_\_

\_\_\_\_\_  
Full Name on Credit or Debit Card / Signature

**Select Payment Plan:**  In Full (due upon registration);  3 Payment Plan; or  10 Payment Plan

**Auto-Charge Approval:** I hereby authorize DANJ to charge my credit/debit card (provided above) for \$ \_\_\_\_\_ (or such other amount applicable to any changes in my enrollment) tuition on the applicable due dates.

**Received with this Form:** Registration Fee: \_\_\_\_\_ Tuition: \_\_\_\_\_ Total: \_\_\_\_\_

**Acknowledgement of Understanding**

I have read this agreement and agree (by printing and signing my name below):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Your Full Name: \_\_\_\_\_