

TRIANGLE DANCE CENTER 2019-2020 REGISTRATION AGREEMENT

Please return this completed form with Registration Fee and June 2020 Tuition by mail (381 Triangle Road, Ste. 7, Hillsborough, NJ 08844) or email (<u>info@triangledance.com</u>). Triangle Dance Center accepts cash, checks, VISA, MasterCard and Discover.

Parent/Guardian	Email Address (Required)	Cell Phone	
Street Address	City, State, Zip	Home Phone	
STUDENT #1			
Name	Date of Birth	Grade in School	
Please enroll me in the following classes:			
List any allergies or medical conditions:			
This season I am eligible for a (years of study must be consecutive):		
☐ 3 Year Award ☐ 5 Year Award ☐ 8 Year Award ☐ 10 Yea	r Award 🔲 15 Year Award		
STUDENT #2			
Name	Date of Birth	Grade in School	
Please enroll me in the following classes:			
List any allergies or medical conditions:			
This season I am eligible for a (years of study must be consecutive)			
□ 3 Year Award □ 5 Year Award □ 8 Year Award □ 10 Year	ir Award 🔲 15 Year Award		
STUDENT #3			
Name	Date of Birth	Grade in School	
Please enroll me in the following classes:			
List any allergies or medical conditions:			
This season I am eligible for a (years of study must be consecutive):		
☐ 3 Year Award ☐ 5 Year Award ☐ 8 Year Award ☐ 10 Yea	r Award 🔲 15 Year Award		
Please enroll my child(ren) for Triangle Dance Center's 2019-2020 transferrable and payable upon submission of this Registration Ag May regardless of any absences. I understand that tuition is a year classes given in any one month. If it becomes necessary to withdra health and is able to participate fully in this movement program. I staff from any and all claims for any injury or damages which may understand the policies outlined above and agree to such.	reement. I agree to pay tuition on t rly fee broken down into 10 equal ir aw, I will give 30 days written notice hereby waive and release TDC, it's	he first class of each month from September to nstallments and is not based on the number of e to cancel this agreement. My child is in good agents, partners, and/or any individuals on it's	
Parent/Guardian	 Signature	 Date	

Class Offerings Students unless otherwise noted.	should be the required	age of the clas	s by October 1 st to par	ticipate. All	classes are 45 minutes in length	
□ Dancing Together (Ages 2-3 with parent) 30 Minutes □ Creative Movement (Ages 3-5) □ Kindergym (Ages 4-6), Gymnastics I (Ages 7-9) □ Kindercombo – Ballet, Tap (Ages 5-6) 60 Minutes □ Dancecombo – Ballet, Tap, Jazz (Ages 6-7) 75 Minutes □ Little Hop (Ages 5-7), Hip-Hop I (Ages 7-9), II (Ages 10 & Up)			□ Ballet (Ages 7 & Up) 45-60 Minutes □ Ballet with Pre-Pointe 75 Minutes □ Ballet/(Beg-) Pointe (with permission of instructor) 75-90 Mins □ Jazz/Tap Combo (Ages 7 & Up) 60-90 Minutes □ Lyrical I (Ages 7-9), II (Ages 10-13), III (Ages 14 & Up) □ Musical Theater I (Ages 6-9), II (Ages 9 & Up)			
uition TDC offers a 10% mult	i-class discount for sibl	ings and studer	nts taking more than o	ne class.		
– 30 minute class per week	\$55 per month		1 – 75 minute class p		\$70 per month	
– 45 minute class per week – 60 minute class per week	\$60 per month \$65 per month		1 – 90 minute class p	er week	\$80 per month	
 The year Registration There is a 5% discount There is a \$25 fee for Enclosed please find my ful	Fee is \$25 per student if you choose to pay the all returned checks.	or \$45 per fam	ily. It the time of registration Card/Discover		able and non-transferrable.	
Street		City, State			Billing Zip	
Name as it appears on card (please	e print)	Signature			 Date	
Please charge the credit of	ard I have provide	d above (che	eck all that apply):			
☐ One-Time Charge of \$	·					
☐ Recurring Charge						
\$ on Monthly Tuition Amount	or about the 1 st of the		ert Month	nrough May	2020.	
Please enroll me in the Auto	nay Program I hereby	, authorizo Tria	ngle Dance Center to c	hargo tho cr	radit card provided for my child's	

Please enroll me in the Autopay Program. I hereby authorize Triangle Dance Center to charge the credit card provided for my child's monthly tuition. I agree that this charge will occur on or about the 1st day of each month as long as I am enrolled. <u>To terminate or change the recurring billing process, I must provide 14 days written notice.</u> I am the legal cardholder for this account and I am legally authorized to enter into the billing agreement with Triangle Dance Center.