Triangle Dance Center's 2015-2016 Registration Agreement

Please return this form with Registration Fee and June 2016 payment to Triangle Dance Center: 381 Triangle Rd., Ste. 7, Hillsborough, NJ 08844 • Fax: (908) 431-0022 • Email: info@triangledance.com • In-Person Tuesdays 4:30-7:30 pm now thru Sept. 8th **Class Offerings** Students should be the required age by October 1st to participate. Please check ✓ class selection(s). Parent/Guardian **Combo & Dance Classes Class Length** ■ Dancing Together (ages 2-3) 30 mins. Street Address ☐ Creative Movement I (ages 3-4) or II (ages 4-5) 45 mins. ☐ Kindercombo - ballet, tap, intro. to jazz (ages 5-6) 60 mins. City, State, Zip ☐ Dancecombo - ballet, tap, jazz (ages 6-7) 90 mins. ☐ Jazz/Tap Combo (ages 7 & up) 60-90 mins. Home Phone Cell Phone/Work Phone ☐ Ballet (ages 7 & up) 45-60 mins. ■ Ballet with (Pre-) Pointe (w/permission of instructor) 45-90 mins. ☐ Little Hop (ages 5-7), I (ages 7-9), II (ages 10-13) 45 mins. E-mail Address – Required (Monthly statements and other important notices will be emailed to you throughout the year.) ☐ Lyrical I (ages 7-9), II (ages 10-13), III (ages 14 & up) 45mins. **Gymnastics Classes** STUDENT #1 ☐ Kindergym (ages 4-6) 45 mins. ☐ Gymnastics I (ages 7-9) & II (ages 10-13) 45 mins. Student's Name **Tuition** TDC offers a 10% multiple class discount. 1 - 30 minute class per week \$52 per month Grade in School School 1 - 45 minute class per week \$58 per month Please enroll me in the following classes: ___ 1 - 60 minute class per week \$62 per month 1 - 75 minute class per week \$68 per month 1 - 90 minute class per week \$78 per month List any allergies or medical conditions. Please enroll my child(ren) for Triangle Dance Center's (TDC) 2015-2016 season. I agree to pay tuition on the first class of each month from September to May regardless of any absences. I understand that tuition is based on an average of 4 classes per month. June payment and registration STUDENT #2 fee are 100% non-refundable and non-transferrable and payable upon submission of this Registration Agreement. If it becomes necessary to withdraw, I will give 30 days written notification to cancel this agreement. Student's Name Date of Birth My child is in good health and is able to participate fully in this movement program. I hereby waive and release TDC, its agents, partners and/or any individuals on its staff from any and all claims for any injury or damages School Grade in School which may occur while my child is participating in TDC's programs. Please enroll me in the following classes: ___ I have read and fully understand the policies outlined above and agree to such. List any allergies or medical conditions. __ Signature Date Print Name **Payment Information** For Office Use Only • Registration Fee and June 2016 Tuition are due with Registration and are

Today's Date __

Registration Fee

Dancewear

Class D/T

- non-refundable and non-transferrable.
- The yearly Registration Fee is \$25 per student or \$45 per family.
- A 10% monthly tuition discount is offered to students taking more than one class or to families with more than one child enrolled.
- There is a 5% discount if you choose to pay the year in full at the time of registration. No exceptions.
- Triangle Dance Center accepts cash, checks (made payable to Triangle Dance Center) and VISA, MasterCard and Discover.
- There is a \$25 fee for all returned checks.

Please See Reverse For Credit Card Payments.



Payment Method

Credit Card Authorization Form

Please use this form to authorize Triangle Dance Center to process a credit card payment or to set up recurring credit card billing.

	A One-Time Charge of	f\$		
	Recurring Charge			
	Please charge \$	on or about the 1	st of the month from	through May 2016.
	Monthly	y Tuition Amount	Start N	Month
Cus	this charge will occur of billing process, I must	on or about the 1st day of each m	onth as long as I am enrolle am the legal cardholder for	child's monthly tuition. I agree that ed. <u>To terminate or change the recurring</u> r this account and I am legally authroized
 Nam	ne as it appears on card (pl	ease print clearly)	_	
Billir	ng Address (where your cre	edit card statements are sent)	_	
City,	State, Zip		_	
 Card	d Number (VISA, MasterCar	rd or Discover)		
 Exn	/	 Security Code on Back of Car	1	
		300011, 0000 011 5001 01 001		
Card	d Holder Signature		_	
	2		_	