OFFICE USE ONLY – CLASS ASSIGNMENT:

REGISTRATION FEE PAID: ______AMOUNT:

SCHEDULE EMAILED: Y

N



HARMONY DANCE CENTER **2020-21 EARLY REGISTRATION FORM**

1422 Morris Avenue, Union NJ 07083 ~ www.HarmonyDanceNJ.com ~ 908-688-7224

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Participant's Name:				M_	_FD.C).B	_II	Age:
Sibling's Name: Sibling's Name:				M_	_F D.C).B	//	Age:
				M_	_F D.C).В		Age:
Participant's k	nown Allergies:							
Participant's k	nown Physical R	estrictions:						
Participant's k	nown Special Ne	eds:					(Does r	not affect enrollment)
Mother's Name:				_ Father's Name:				
Mother's Email:				Father's Email:				
Mother's Cell:			Father's Cell:					
Home Phone	Number:							
	s:							
City:								
Emergency Contact (Other than Parent): Relationship to Student:				Phone:				
		Selection for	Ages 3+ (Ch	ildren's Combi	nation Clas	sses):		
		/ Tap Combo ⁶⁾				oHop/Acro es 5-6)	Tap/Jazz (Ages 5-6)	
	Selectio	n for Ages 7+	(Students m	ay take more th	han one cla	ass per	week):	
Circle your preference(s): Ballet Pointe*			Modern	Jaz	Z	Тар	НірНор	
How did you hear about us? (Circle one) Friend				Google/Web	Passed b	y Othe	er:	

WAIVER AND RELEASE

. By signing below, I hereby agree to the following:

- I understand that while attending Harmony Dance Center in studio or from home via Zoom remotely, my child(ren) and/or myself may be 1. at risk for physical illness or injury including but not limited to: falls, muscle cramps, strains, sprains, contracting COVID-19, etc. I give my consent for my child(ren)/myself to actively participate in class, rehearsals, and performances from this date forward. I attest that my child(ren)/myself are in good physical condition and will supply and additional information regarding any physical restrictions or special needs, if any. In the event of illness or injury, I authorize Harmony Dance Studio to obtain necessary treatment on my child(ren)'s behalf or my behalf at any necessary emergency facility. I also assume the responsibility for the payment of any such treatment.
- I agree that all persons entering the building, including my child and myself, must wear a face covering and participate in social distancing 2. and proper hygiene including washing hands regularly and using hand sanitizer when necessary.
- I agree to hold harmless Harmony Dance Center and any of its owners, officers, operators, staff, employees, volunteers, and or agents of 3. any wrong-doing or negligence for any reason including contracting diseases including, but not limited to, COVID-19.
- 4. I give full permission for Harmony Dance Center to use pictures or video from Picture Day, class and/or Performance for advertising purposes. I understand that his/her name will never be used.
- I have read the "Studio Policies and Student/Parent Rules" available on HarmonyDanceNJ.com. I understand them and will adhere to 5. them, otherwise will face dismissal from the studio.
- 6. I understand that if my child is late to class 10 minutes or more, they will not be able to participate.
- I understand that there are NO REFUNDS (including Paid-In-Full Tuition). Harmony Dance Center will off offer credit only and in certain 7. circumstances. NO EXCHANGES on merchandise purchased (tights, dancewear, etc.).
- I attest that I have read the "HDC Tuition Rates & Payment Information" and agree to comply with its policies. I understand that tuition is 8. due on the first lesson of every month and that a \$10 late Fee will be applied to any delinquent payments. NO EXCEPTIONS.
- I understand that if I owe Tuition past 60 days I will be dropped from all classes. NO EXCEPTIONS. 9.
- 10. I understand that excessive absences will result in being dropped from classes and not participate in recital, no matter what time of year.
- 11. Registration Fee, due when this form is submitted: \$15/student or \$20/family before July 12th, 2020 ~ \$25/\$40 after July 12th, 2020