OFFICE USE ONLY – CLASS ASSIGNMENT:

 REGISTRATION FEE PAID:
 _______AMOUNT:
 _______SCHEDULE EMAILED:
 Y
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HARMONY DANCE CENTER **2022-23 REGISTRATION FORM**

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

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Participant's Name:	MF_	D.O.B		/ Age:	
Sibling Particpant's Name:	MF_	D.O.B		Age:	
Sibling Participant's Name:	MF_	D.O.B	//	Age:	
Participant's known Allergies:					
Participant's known Physical Restrictions:					
Participant's known Special Needs:					
Mother's Name: Fath	ner's Name:				
Mother's Email: Fath	ner's Email:	·			
other's Cell: Father's Cell					
Home Phone Number:					
Street Address:					
City:			de:		
Emergency Contact (Other than Parent): Phone: Phone:					
Relationship to Student:					
Selection for Ages 3+ (Children	's Combinatio	n Classes	s):		
Circle One: Ballet/Tap Combo Ballet/Tap Combo Ballet/Tap Combo (Ages 3-4) (Ages 5-6) (Ages	t/Jazz Combo ⁵⁻⁶⁾			Tap/Jazz Combo (Ages 5-6)	
Selection for Ages 7+ (Students may tak	e more than o	ne class	per week):		
Circle your preference(s): Ballet Pointe* Modern	Jazz	Тар	Нір Нор	Acro (Beginner only)	
Preferred Day for Class(es):					
How did you hear about us? (Circle one) Friend Google/Wet	D IG/FB Pa	assed by	Other:		
WAIVER AND R	ELEASE				
 By signing below, I hereby agree to the following: I understand that while attending Harmony Dance Center in studio or from here illness or injury including but not limited to: falls, muscle cramps, strains, spractively participate in class, rehearsals, and performances from this date forw supply and additional information regarding any physical restrictions or spece <i>Studio</i> to obtain necessary treatment on my child(ren)'s behalf or my behalf payment of any such treatment. I agree that face coverings are optional at HDC. I agree to stay home (keep m a lagree to hold harmless <i>Harmony Dance Center</i> and any of its owners, office or negligence for any reason including contracting diseases including, but not I give full permission for <i>Harmony Dance Center</i> to use pictures or video from I have read the "Studio Policies and Student/Parent Rules" available on Ha will face dismissal from the studio. I understand that there are NO REFUNDS (including Paid-In-Full Tuition). Ha EXCHANGES on merchandise purchased (tights, dancewear, etc.). I attest that I have read the "HDC Tuition Rates & Payment Information" and lesson of every month and that a \$10 late Fee will be applied to any delinqu I understand that if I owe Tuition past 30 days my child cannot participate in EXCEPTIONS. I understand that excessive absences will result in being dropped from classe 	ains, contracting CO vard. I attest that m cial needs, if any. In f at any necessary en ny child home) if the ers, operators, staff, limited to, COVID-1 o Picture Day, class a armonyDanceNJ.com be able to participat rimony Dance Center agree to comply with uent payments. NO n class; 60 past due s and not participate	VID-19, etc. 1 ny child(ren)/n the event of mergency faci y are displayir employees, vo 9. nd/or Perform n. 1 understan te. r will off offer th its policies. EXCEPTIONS. will result in r	give my consent f nyself are in good illness or injury, I lity. I also assume og cold/flu sympto olunteers, and or a nance for advertisi nd them and will a credit only and in I understand that ny child being dro matter what time	for my child(ren)/myself to physical condition and will authorize <i>Harmony Dance</i> e the responsibility for the ms. agents of any wrong-doing ng purposes. adhere to them, otherwise certain circumstances. NO t tuition is due on the first pped from all classes. NO of year.	