

TRIANGLE DANCE CENTER 2018-2019 REGISTRATION AGREEMENT

Please return this completed form with Registration Fee and June 2019 Tuition by mail (381 Triangle Road, Ste. 7, Hillsborough, NJ 08844) or email (info@triangledance.com). 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	/	Grade in School
Please enroll me in the following classes:		
List any allergies or medical conditions:		
Milestone Award: This season I am eligible for a (years	s of study must be consecutive):	
☐ 3 Year Award ☐ 5 Year Award ☐ 8 Year Award	☐ 10 Year Award ☐ 15 Year Award	
CTUDENT #2		
STUDENT #2		
Name	Date of Birth	Grade in School
Please enroll me in the following classes:		
List any allergies or medical conditions:		
Milestone Award: This season I am eligible for a (years	s of study must be consecutive):	
□ 3 Year Award □ 5 Year Award □ 8 Year Award		
STUDENT #3		
	/ /	
Name	Date of Birth	Grade in School
Please enroll me in the following classes:		
List any allergies or medical conditions:		
Milestone Award: This season I am eligible for a (years	s of study must be consecutive):	
☐ 3 Year Award ☐ 5 Year Award ☐ 8 Year Award	☐ 10 Year Award ☐ 15 Year Award	
Please enroll my child(ren) for Triangle Dance Center's		
transferrable and payable upon submission of this Reg May regardless of any absences. I understand that tuit		
classes given in any one month. If it becomes necessar	ry to withdraw, I will give 30 days written notic	ce to cancel this agreement. My child is in good
health and is able to participate fully in this movemen staff from any and all claims for any injury or damages		
understand the policies outlined above and agree to s		
Parent/Guardian	 Signature	 Date
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Class Offerings Students should be the required ag unless otherwise noted.	e of the class by October 1 st to par	ticipate. All clas	ses are 45 minutes in l	length
□ Dancing Together (Ages 2-3) 30 Minutes □ Creative Movement (Ages 3-5) □ Kindergym (Ages 4-6), Gymnastics I (Ages 7-9), II (Ages 7-9), II (Ages 5-6) 60 Minutes □ Dancecombo – Ballet, Tap, Jazz (Ages 6-7) 90 Minutes □ Little Hop (Ages 5-7), Hip-Hop I (Ages 7-9), II (Ages 7-9)	☐ Ballet with Pre ☐ Ballet/(Beg-)Pe ☐ Jazz/Tap Comb etes ☐ Lyrical I (Ages	□ 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)		
Tuition TDC offers a 10% multiple class discount for 1 – 30 minute class per week \$55 per month 1 – 45 minute class per week \$60 per month 1 – 60 minute class per week \$65 per month	siblings and students taking more 1 – 75 minute class 1 – 90 minute class	per week	\$68 per month \$78 per month	
 Registration Fee and June 2019 Tuition are d The yearly Registration Fee is \$25 per studer There is a 5% discount if you choose to pay t There is a \$25 fee for all returned checks. 	nt or \$45 per family.		able and non-transferr	able.
Enclosed please find my full payment of \$	·			
☐ Cash ☐ Check (made payable to TDC)	☐ VISA/MasterCard/Discover			
Credit Card Number		Exp. Date		
Street	City, State		Billing Zip	
Name as it appears on card (please print)	Signature		Date	
Please charge the credit card I have provided al	oove (check all that apply):			
☐ A One-Time Charge of \$				
☐ Recurring Charge				
\$ on or about the 1 st of the	month from Start Month	_through May 2	019.	
Please enroll me in the Autopay Program. I hereby monthly tuition. I agree that this charge will occur change the recurring billing process, I must provide legally authorized to enter into the billing agreement.	on or about the 1 st day of each mo de 14 days written notice. I am th	onth as long as I	am enrolled. To term	ninate or