



# 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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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 of study must be consecutive):

☐ 3 Year Award   ☐ 5 Year Award   ☐ 8 Year Award   ☐ 10 Year 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: \_\_\_\_\_

Milestone Award: This season I am eligible for a (years of study must be consecutive):

☐ 3 Year Award   ☐ 5 Year Award   ☐ 8 Year Award   ☐ 10 Year 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: \_\_\_\_\_

Milestone Award: This season I am eligible for a (years 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 2018-2019 season. June 2019 payment and registration fee are 100% non-refundable and non-transferrable and payable upon submission of this Registration Agreement. 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 a yearly fee broken down into 10 equal installments and is not based on the number of classes given in any one month. If it becomes necessary to withdraw, I will give 30 days written notice to cancel this agreement. 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 which may occur while my child is participating in TDC's programs. I have read and fully understand the policies outlined above and agree to such.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

