



178 Stelton Rd. Piscataway NJ 08854
 (732) 624-9800
 Admin@evolutiondancecenter.com
 evolutiondancecenter.com

SUMMER CAMP 2020 STUDENT REGISTRATION FORM

Student: Last Name _____ First Name _____

Age: _____ Date of Birth: / / _____

Address: Street _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Parent's Name (First & Last) _____ Work Phone _____

Parent's Name (First & Last) _____ Work Phone _____

◆Email Address for Weekly Newsletter & Studio Updates – You may include 2 email addresses. *Please print clearly*

◆Emergency Contact Information (Other Than Parent)

Name	Phone	Relation to Student
_____	_____	_____

◆Student Medical History: Please list any previous injuries, allergies, handicaps or disabilities. It is important for our staff to be prepared and aware of any hindrance to your child's performance in class.

◆I agree to provide medical insurance for the above named student and will not hold Evolution Dance Center or its agents or employees liable in the event of any accident of injury. If I am not reached in an emergency, I give my permission to the staff to render or act in my behalf to obtain emergency medical treatment for this student for any illness or injury that may occur while attending Evolution Dance Center.

◆Publicity Release

I agree and authorize the use of the student's name, pictures and voice to be used on films and media for promotional use. I give my permission for Evolution Dance Center to use and publish these materials for publicity and advertising with no expectation of compensation.

Parent/Guardian Signature _____

Please List Previous Experience _____

How Did You Hear About Us? _____

◆Summer Camp Registration - 2020

6 Week Program	Full Day	Half Day	Paid
Week 1 - July 13th - 17th			
Week 2 - July 20th - 24th			
Week 3 - July 27rd - 31st			
Week 4 - Aug 3rd - 7th			
Week 5 - Aug 10th - 14th			
Week 6 - Aug 17th - 21st			

For Office Use Only

Tuition = \$225 per week full day/ \$175 half day		Date of Registration: _____
Early Bird Discount (Before May 1st, \$25 off per week)		
Total Per Week = _____		Registered by: _____
Payment Received: Cash _____ CC Type _____ Check # _____		
Week 1 _____ Week 2 _____ Week 3 _____ Week 4 _____ Week 5 _____ Week 6 _____		



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Credit Card Authorization Form

I hereby give Evolution Dance Center LLC authorization to charge my credit card.

Student's Name: _____

Frequency of Payment: Weekly

Type of Card: Visa Mastercard Discover

Name on Card: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: _____

Amount to be charged: _____

For Following Services: _____

By signing this form, you authorize to charge your card for the amount listed above.

Signed: _____

Date: _____