

OFFICE USE ONLY – CLASS ASSIGNMENT: \_\_\_\_\_

REGISTRATION FEE PAID: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ SCHEDULE EMAILED: Y N



# HARMONY DANCE CENTER 2025-26 REGISTRATION FORM

1422 Morris Avenue, Union NJ 07083 ~ [www.HarmonyDanceNJ.com](http://www.HarmonyDanceNJ.com) ~ 908-688-7224

Participant's Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Sibling Participant's Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Sibling Participant's Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Participant's known Allergies: \_\_\_\_\_

Participant's known Physical Restrictions: \_\_\_\_\_

Participant's known Special Needs: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact (Other than Parent): \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

### Selection for Ages 3+ (Children's Combination Classes):

<b>Circle One:</b>	Ballet/Tap Combo (Ages 3-4)	Ballet/Tap Combo (Ages 5-6)	Ballet/Jazz Combo (Ages 5-6)	Hip-Hop/Acro Combo (Ages 5-6)
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### Selection for Ages 7+ (Students may take more than one class per week):

**Circle your preference(s):** Ballet Pointe\* Modern Jazz Tap Hip Hop Acro (Beginner only)

\*Pointe is by instructor approval only, ages 11+

Preferred Day for Class(es): \_\_\_\_\_

How did you hear about us? (Circle one) Friend Google/Web IG/FB Passed by Other: \_\_\_\_\_

### \*WAIVER AND RELEASE\*

By signing below, I hereby agree to the following:

- I understand that while attending Harmony Dance Center in studio or remotely (via Zoom), my child(ren) and/or myself may be at risk for physical illness or injury including but not limited to: falls, muscle cramps, strains, sprains, contracting illness, 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 hold Harmony Dance Center (including its owner, officers, staff), harmless of any negligence or wrong doing. I authorize Harmony Dance Center 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 understand that face masks are optional at HDC. I agree to keep my child/myself home if they/I are/am displaying cold or flu symptoms.
- I agree to hold harmless *Harmony Dance Center* and any of its owners, officers, operators, staff, employees, volunteers, and or agents of any wrong-doing or negligence for any reason including contracting diseases including, but not limited to, COVID-19.
- I give full permission for *Harmony Dance Center* to use pictures or video from Picture Day, class(es), and/or Performance for advertising purposes.
- I have read the "Studio Policies and Student/Parent Rules" available on HarmonyDanceNJ.com.** I understand them and will adhere to them, otherwise will face dismissal from the studio.
- 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 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 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 30 days my child cannot participate in class; 60 past due will result in my child being dropped from all classes. NO EXCEPTIONS.
- 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:** \$20/student or \$35/family before June 1<sup>st</sup> 2025 ~ \$30/\$45 after June 1<sup>st</sup> 2025

PARENT/PARTICIPANT SIGNATURE (over 18 years of Age): \_\_\_\_\_ DATE: \_\_\_\_\_