

# 2018-2019 DanceWorks REGISTRATION FORM

*Please use a separate form for each child*

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: Mother: \_\_\_\_\_ Cell: Father: \_\_\_\_\_

Email Address: \_\_\_\_\_

*If billing name &/or address is different from above:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical Information: (Allergies, asthma, & any other physical conditions or learning disabilities):  
\_\_\_\_\_

Please list two (2) emergency contacts other than yourself:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

CLASS(ES) REQUESTED (please select your first and second choice)

DAY(S) & TIME(S)  
(first choice)

DAY(S) & TIME(S)  
(second choice)

- |                                       |       |       |
|---------------------------------------|-------|-------|
| <input type="checkbox"/> Future Stars | _____ | _____ |
| <input type="checkbox"/> Ballet       | _____ | _____ |
| <input type="checkbox"/> Pre-Pointe   | _____ | _____ |
| <input type="checkbox"/> Pointe       | _____ | _____ |
| <input type="checkbox"/> Contemporary | _____ | _____ |
| <input type="checkbox"/> Tap          | _____ | _____ |
| <input type="checkbox"/> Jazz         | _____ | _____ |
| <input type="checkbox"/> Lyrical      | _____ | _____ |
| <input type="checkbox"/> Hip Hop      | _____ | _____ |

Previous Experience (New Students Only): \_\_\_\_\_

- Choice of payment:     Payment in full due by 9/1/18  
                               Two (2) installments due 9/1/18 & 1/15/19  
                               Ten (10) monthly installments beginning 9/1/18 & ending 6/1/19

Total amount enclosed: (\$30 *non-refundable* registration fee plus any tuition paid): \_\_\_\_\_

(over)

Please make checks/money orders payable to: **DanceWorks** and mail to:  
**DanceWorks**  
c/o Karen Martin  
240 Brunswick Ave.  
Lambertville, New Jersey 08530

If you wish to pay by cash, please call the **DanceWorks** studio phone at (609)737-7338.

Since class size is limited and in order to give those students on a waiting list a place in class, we ask that you notify **DanceWorks** should your schedule change and you cannot follow through with the class(es) for which you have registered. Please be advised that once classes begin, you are committing to a full year's tuition. A class confirmation letter will be sent out late August.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RELEASE FORMS

I, the parent/guardian of \_\_\_\_\_, a minor, do hereby release, discharge, hold harmless and safe from liability, **DanceWorks** of Mercer County, LLC in the event of an emergency. I agree to provide medical insurance for the above named student, and will not hold the school, or its directors, officers or employees liable in the event of an accident or injury. In the event that I can not be reached in an emergency, I give the school staff permission to render or act on my behalf to obtain medical treatment for this student for an illness or injury that may occur while attending the school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give permission for my child \_\_\_\_\_ to have his/her photograph taken while attending **DanceWorks** of Mercer County, LLC. I understand that there is a possibility that the picture may be placed in the local newspaper, on the internet in the **DanceWorks** website or in any other media.

\*If you would not like your child's picture used, check here. \_\_\_\_\_

\*If you would not like your child's name to be printed, check here. \_\_\_\_\_

(Please Note: We will not post any child's name on the internet website.)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_