



178 Stelton Rd. Piscataway NJ 08854
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 evolutiondancecenter.com

6 WEEK SUMMER SESSION 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? _____

Class Selection

Classes	Day & Time

Pricing Information

Tuition

- 1 Class - \$115
- 2 Classes - \$210
- 3 Classes - \$305
- 4 Classes - \$400
- Unlimited - \$450

Young Dancers Program Special
 2 Classes - \$200

Register before May 1st
 receive \$15 off!

*Checks made payable to Evolution Dance Center LLC.

For Office Use Only	
Tuition _____ = Total _____	Date of Registration: _____
Payment Received: Cash _____ CC Type _____ Check # _____	Registered by: _____
Tuition for _____ amt of classes: \$ _____	