OFFICE USE ONLY ~ REG. FEE PAID: ; TUI	ITION PAID: ; ENROLLED:
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REGISTRATION FOR SUMMER 2026 DANCE CLASSES Complete and return to: 1422 Morris Avenue, Union NJ 07083 or email to the Director: DeeDee@HarmonyDanceNJ.com

Student's Name:		
Age: Grade	(Fall 2026)	Date of Birth:
Student's known allergies:		
Student's known physical restriction(s): _		
Student's known Special Needs:		
Mother's Name:	Father's Name:	
Mother's Cell:	r's Cell: Father's Cell:	
Mother's Email	Father's Email:	
Mailing Address:		
Home Phone:	Work Phone:	
Emergency Contact:	Relationship:	E.C. Phone:
10:00 - 10:40am July 11th – August 15 th AGE:	11:00 - 11:50am July 11th – August 15 th 5 8-12: BALLET ~ MODERN	12:00 - 12:50pm July 11th – August 15 th
BALLET SATURDAYS 1:00-1:50pm (6 weeks for \$100) Dates: July 11th – August 15 th	Circle Your Choice(s) Below: MODERN SATURDAYS 2:00-2:50p (6 weeks for \$100) Dates: July 11th – August	(6 weeks for \$100)
Summer tuition must be paid-in No refunds on Summer classes are offered	summer classes. <u>No</u> make-up lessons	Classes are first-come-first-serve basis. for absences in summer. oom, if needed for illness or vacations. or checks.
Parent Signature of Acknowled	aement:	Date:

WAIVER AND RELEASE

By signing below, I hereby agree to the following:

- 1. I understand that while attending Harmony Dance Center in-studio or from home via Zoom remotely, 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, 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 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.
- 2. I understand that I/my child will take class remotely via Zoom if I/my child is experiencing any cold/flu symptoms.
- 3. I give full permission for *Harmony Dance Center* to use pictures or video from class for advertising purposes.
- 4. 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.
- 5. <u>I understand that if my child is late to class 10 minutes or more, they will not be able to participate</u>.
- 6. I understand that there are NO REFUNDS. Harmony Dance Center will off offer credit only and in certain circumstances. NO EXCHANGES on merchandise purchased (tights, dancewear, etc.).
- 7. I understand that tuition is due on, or prior to, the first lesson BEFORE the class begins.

Parent Signature of Acknowledgement:	Date:

