

DANCE CONCEPTS

249 Chambers Bridge Road Brick, NJ 08723 (732) 477-9700

OFFICE USE ONLY

Monthly Tuition _____
Credit _____
Reg. Fee _____
Amt. Paid _____
Date Paid _____ -+

REGISTRATION FORM

CLASS CHOICES: 1st _____ 2nd _____
Day Time Class Day Time Class

Childs Name _____ Birthdate _____ Age _____

Address _____ Town _____ Zip _____

Home Phone _____ Cell _____ Work _____

Emergency Contact _____ Phone _____

Email _____ Parents Name _____

Previous Dance Experience? _____ Years _____ Where _____

How did you hear about Dance Concepts?

Referred by Friends _____ Name _____ (We'd like to thank them)

Passing By _____ Newspaper _____ Web site _____

- * There will be no refund for missed classes. Make-up classes are available. No student will be allowed to take class if their tuition is not current. There is a \$25 service charge for all returned checks. There is a 7 student minimum per class. If your first choice does not meet the minimum or exceeds the maximum, you will be given your second choice.

Tuition Policy

- * Tuition is a yearly tuition broken into **10 equal payments September to June.** Regardless if you have 3, 4, or 5 classes in a month due to closed holidays & breaks (see list of closings) Each class is allotted one snow day, any more than that & tuition will be prorated.

- * Tuition is due the **first** class of the month and **no later** that the **10th** of each month. If paid after the 10th of the month a \$7 late charge will be added.

I have received a copy of **Dance Concepts** tuition schedule and agree to abide by such schedule. I further understand the above policies & agree to abide by them. I understand no student will be permitted to participate in the Annual recital unless all tuition & outstanding fees are current.

Waiver and Release: I am fully aware and appreciate the risks, including injury, as well as other damages and losses associated with my child's participation in dance lessons and related conditioning activities. I further agree that Dance Concepts Inc. along with teachers shall not be liable for any injury or other loss or damage occurring as a result of my child's participation.

Signature _____

Date _____