

# the Dance Factory

## 2023-2024 REGISTRATION FORM

Start Date \_\_\_\_\_

Family Last Name \_\_\_\_\_

Home Phone#: \_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_

Cell Phone# \_\_\_\_\_

E-mail address \_\_\_\_\_

Billing Email: \_\_\_\_ Yes \_\_\_\_ No

Parent/Guardian 2 \_\_\_\_\_

Cell Phone# \_\_\_\_\_

E-mail address \_\_\_\_\_

Billing Email: \_\_\_\_ Yes \_\_\_\_ No

### **Please initial. I understand that:**

\_\_\_\_\_ I am enrolling for The Dance Factory's 2023-2024 Dance Program. I understand that The Dance Factory prioritizes the safety of our students and will follow the operating procedures recommended by the state of New Jersey regarding all public health crises.

\_\_\_\_\_ Tuition is priced on an annual basis for all classes. I have read and acknowledged all information related to 2023-2024 class tuition and fees.

\_\_\_\_\_ The annual registration fee (\$50 individual; \$65 family) is non-refundable and due at registration.

\_\_\_\_\_ A 20% tuition deposit is due at registration. This is non-refundable.

\_\_\_\_\_ To drop a class, I must notify the office by email (dancefactory1@gmail.com) by the 30th of the month to ensure I will not be billed for the next month.

\_\_\_\_\_ A late payment fee of \$25 may be applied for each payment more than 30 days late.

### **Please initial – Select Tuition Payment Option (Choose One) – Registration fee and 20% non-refundable tuition deposit are due at registration for all payment plans.**

\_\_\_\_\_ Option I – Balance Paid in Full by September 30, 2023.

*I understand I will receive a 5% discount on all non-capped student tuitions.*

\_\_\_\_\_ Option II – Balance Paid in Full (registrations after September 30, 2023).

*No additional premiums or discounts apply.*

\_\_\_\_\_ Option III – Balance Paid in Installments

*Payments are due each month September 15<sup>th</sup> through April 15<sup>th</sup>.*

### **Please initial – Photo/Video Release:**

\_\_\_\_\_ I hereby give permission for images of my child, captured during regular and special dance activities through video, photo and digital camera to be used solely for the purposes of The Dance Factory brochures, publications, newsletters, websites, social media, press releases, & other promotional material and waive any rights of compensation or ownership thereto.

### **Please initial – Release from Liability & Authorization:**

\_\_\_\_\_ I hereby release The Dance Factory from any liability for any accident or injury occurring on or around the studio premises or at any function held at other locations in conjunction with the dance school. I declare the student(s) named below is in good health and can participate in the enrolled classes. Given the nature of dance classes and knowing that injuries may occur, I have taken the necessary steps to obtain health, accident, hospital and/or other insurance, which would cover any sustained injuries. In the event of an injury or emergency, if I am unable to be contacted, I give permission for The Dance Factory to obtain medical services for this student.

Name of Dancer: \_\_\_\_\_

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

*Dance Factory Office Use: Payment Received By: \_\_\_\_\_ Date: \_\_\_\_\_*

Amount Paid: \_\_\_\_\_ Payment Method: Check # \_\_\_\_\_ Credit Card \_\_\_\_\_ Cash \_\_\_\_\_

# the Dance Factory

## 2023-2024 REGISTRATION FORM

**1 - Dancer's Name** \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Dancer E-mail address \_\_\_\_\_

School \_\_\_\_\_

Information The Dance Factory should know about your dancer (medical): \_\_\_\_\_

What benefits would you like your dancer to get from our program? \_\_\_\_\_

How did you hear about The Dance Factory? \_\_\_\_\_

If your dancer is transferring from another studio, please list the studio and dance background.

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**2 - Dancer's Name** \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_

Dancer E-mail address \_\_\_\_\_

Information The Dance Factory should know about your dancer (medical): \_\_\_\_\_

What benefits would you like your dancer to get from our program? \_\_\_\_\_

How did you hear about The Dance Factory? \_\_\_\_\_

If your dancer is transferring from another studio, please list the studio and dance background.

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**3 - Dancer's Name** \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_

Dancer E-mail address \_\_\_\_\_

Information The Dance Factory should know about your dancer (medical): \_\_\_\_\_

What benefits would you like your dancer to get from our program? \_\_\_\_\_

How did you hear about The Dance Factory? \_\_\_\_\_

If your dancer is transferring from another studio, please list the studio and dance background.