



For the Performing Arts

527 Ringwood Ave.
Wanaque, NJ 07465
kingcentredance@optonline.net
~ 2018-2019 Dance Registration Form ~

Office use

- Registration fee \$30 per family: _____
- Total dance hours per week: _____
- Tuition amount: _____
- Date: ____/____/____
- KC employee: _____

Child's Name: _____ Year Started: _____

Street Address: _____ City: _____ Zip: _____

Home Phone Number: _____ Birthdate of Child: ____/____/____ Gender: ____ Age: _____

Email address(es): _____

Family Information:

Parent's Name: _____ Occupation: _____

Work Number: _____ Cell Phone Number: _____

Parent's Name: _____ Occupation: _____

Work Number: _____ Cell Phone Number: _____

Emergency Information:

Please choose a person that will be available for us to contact in the event that you cannot be reached.

Person's Name: _____ Contact Number: _____

Medical Conditions: (Please list any allergies or medical conditions that your child has)

Miscellaneous Information:

If you are a new student, how did you hear about us? _____

Payment Information: I will be making my payments – (please choose one of the following):

___ **1 Annual**, ___ **3 Installments** (1st upon registration; 2nd Nov. 1st; 3rd Jan. 1st) ___ **9 Installments** available with
(1st upon registration 2nd Oct. 1; 3rd Nov. 1; 4th Dec. 1; 5th Jan. 1; 6th Feb. 1; 7th Mar. 1; 8th Apr. 1, 9th May 1st)

Please fill out a Recurring Payment Authorization Form for 3 installment or 9 installment options

(If payments are not made within 5 days of due date a \$30 late fee will be charged)


Release Form:

1. I knowingly and freely assume all risks, both known and unknown, and assume responsibility for my child's participation; and
2. I hereby indemnify and hold harmless The King Centre, its agents, faculty, and/or employees, from any and all injury my child may sustain as a result of participating in any of the dance programs being offered at The King Centre. In addition, I shall assume full responsibility for any and all medical expenses my child may incur as a result of any injury he/she may sustain.
3. **Classes may be changed or cancelled depending on enrollment.**
4. **No refunds or cessation of recurring payments for classes dropped after November 15th**
5. I have read and agree to all the King Centre policies as stated in the Parent Handbook.
6. All participants give their permission for any photograph or video taken of them by The King Centre to be used in promotion. This includes newspaper, brochures, ads, television, sales videos, internet, newsletters and any other form of marketing on behalf of The King Centre.

I have read and understand the above policies.

Parents Name (please print): _____

Parents Signature: _____ Date: _____

Visit our Website at: KingCentreDance.com and Like us on Facebook 

***** Please Circle Class Selections on Reverse Side *****

