



## For the Performing Arts

60 Whitney Road  
Mahwah, NJ 07430  
201-848-7001

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 (1<sup>st</sup> upon registration; 2<sup>nd</sup> Nov. 1st; 3<sup>rd</sup> Jan. 1st) \_\_\_ 9 Installments available with  
(1<sup>st</sup> upon registration; 2<sup>nd</sup> Oct. 1; 3<sup>rd</sup> Nov. 1; 4<sup>th</sup> Dec. 1; 5<sup>th</sup> Jan. 1; 6<sup>th</sup> Feb. 1; 7<sup>th</sup> Mar. 1; 8<sup>th</sup> Apr. 1; 9<sup>th</sup> 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 15<sup>th</sup>**
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](http://KingCentreDance.com) and Like us on Facebook 

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

