

# the Dance Factory

## 2020-2021 Registration Form

Family Name \_\_\_\_\_ Home Phone#: \_\_\_\_\_ Start Date \_\_\_\_\_  
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 2020-2021 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. (Classes are priced as indicated on the recommendation forms.)

\_\_\_\_\_ The annual registration fee is non-refundable and due at registration.

Individual \$35                      Family \$50

\_\_\_\_\_ To drop a class, I must notify the office in writing by the 25th 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.

^50% of the tuition deposit is non-refundable. Notice to drop a class must be received by December 20<sup>th</sup> in order to receive a refund of the other 50% tuition deposit.

### Please initial -- Payment Option Selection (Choose One) --

\_\_\_\_\_ Option I – Balance Paid in Full by August 30, 2020--

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

\_\_\_\_\_ Option II – Balance Paid in Full by September 30, 2020.

No additional premiums or discounts apply.

\_\_\_\_\_ Option III – Balance Paid in Two (2) Installments. 9/30/2020 & 1/30/2021 --

*A total Installment Fee of \$14 is added to the Annual Tuition per class.*

\_\_\_\_\_ Option IV – Balance Paid in Eight (8) Installments, September – April.

*A total Installment Fee of \$56 is added to the Annual Tuition per class.*

\*Fee Cap: \$50 per monthly Installment Payment, per family.

### 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: \_\_\_\_\_

Payment Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_ Check # \_\_\_\_\_      \_\_\_\_ Credit Card      \_\_\_\_ Cash

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dancefactory1@gmail.com      609-252-0711

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## 2020-2021 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.