

<b>Office Use Only</b>	
Date of Payment	_____
Form of Payment	_____
Check #	_____
Receipt # for Cash	_____
Amount\$	_____
Initials	_____
Entered in Computer	_____
Entered on PB	_____

# DANCE DESIGNS

## — studio —

1501 Pollitt Drive, Fair Lawn & 555 Broad Street, Glen Rock  
 Tel: (201) 791-8873 Fax: (201) 791-8686  
[www.DanceDesignsStudio.com](http://www.DanceDesignsStudio.com)

### Fall 2018-2019 Registration Form

Student Name _____	Birthdate _____	Age _____
Billing Name _____	Cell# (_____) - _____ - _____	
Street Address _____	Home# (_____) - _____ - _____	
City _____, NJ Zip Code _____	Work# (_____) - _____ - _____	
Email address: _____@_____ Preferred Contact:(Circle one) Home Cell Business		
Emergency contact (other than listed above): _____ Phone# (_____) - _____ - _____		
How did you hear about Dance Designs? Website Newspaper Referred by _____ Other _____		

#### Requested Classes

(All classes are subject to availability and level-appropriate eligibility. Classes without sufficient registration may be consolidated)

<i>Class Name</i>	<i>Day</i>	<i>Time</i>	<i>Pricing Information For Office Use Only</i>
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			

#### FOR OFFICE USE ONLY

Total Tuition: \$ \_\_\_\_\_  
 Registration Fee: \$35.00  
 Costume Deposit \$60.00 x \_\_\_\_\_ = \_\_\_\_\_  
 Total Due: \$ \_\_\_\_\_

Deposit: \$ \_\_\_\_\_  
 2<sup>nd</sup> Payment \$ \_\_\_\_\_ Due October 15<sup>th</sup>  
 3<sup>rd</sup> Payment \$ \_\_\_\_\_ Due November 15<sup>th</sup>

\*\*\*Please note any balances not received by the above installments dates will be subject to a late charge of \$35.00\*\*\*

\_\_\_\_\_ I have read and understand the payment schedule.  
 (Initial here)

**PLEASE COMPLETE REVERSE SIDE OF THIS FORM!** 

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— studio —

12-38 River Road Fair Lawn, NJ 07410  
Tel: (201) 791-8873 Fax: (201) 791-8686  
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As a condition of **my/my child's** participation in and enrollment at Dance Designs by Carol Baskinger, Inc. (Dance Designs), I \_\_\_\_\_ do hereby agree to the following:  
(Parent/Guardian or Adult Student Name)

1. I am the lawful parent or guardian of \_\_\_\_\_.  
(Child's Name, if applicable)
2. I understand and agree to the payments and due dates listed. Failure to adhere to the set schedule will result in a late fee. If my account becomes more than 30 days delinquent, Dance Designs reserves the right to exclude **me/my** child from class until the account is up to date. Returned checks are subject to a \$35 fee.
3. I understand that there are no refunds issued. Missed group lessons may be made up during other regularly schedule group classes within two weeks of an absence provided that a) the make up class is during the same semester as the missed lesson, b) make-up class must be within the same genre and level of the missed class, c) the lesson in which the make-up is taken has available space. There will be no refunds or credits given for missed classes.
4. I understand that participation in the courses, shows, demonstrations, and rehearsals, which are part of my enrollment with Dance Designs, may subject **me/my child** to injury. Notwithstanding the risk of injury, I do hereby agree to hold Dance Designs and its employees, instructors, agents, servants, officers, and directors, harmless as to any injuries, losses, or damages which may be suffered by **me/my child** as a result of participation in or enrollment at Dance Designs and I further hold each of them harmless as to any liability and responsibility arising from any incident which may cause any damage, injury, or loss to me or my child.
5. I also understand that Dance Designs may, from time to time, engage in classes, courses, shows, demonstrations, and rehearsals which may require transportation by employees, instructors, agents, servants, officers, or directors, of Dance Designs. I agree to hold Dance Designs and its employees, instructors, agents, servants, officers, or directors harmless and to indemnify them for any and all damages, injuries and losses, which may result from such transportation.
6. I acknowledge that **I/my child** shall be receiving instructions or lessons given by instructors employed by Dance Designs. I agree to hold Dance Designs and its employees, instructors, agents, servants, officers, or directors harmless and to indemnify them for any and all losses, injuries, or damages that may be suffered by **me/my child** as a result of such instruction or lessons.
7. Dance Designs has my permission to photograph, record, and videotape **me/my child** for promotional uses during my tenure of enrollment, with no compensation due to **me/my child**.
8. All classes are subject to change without notice
9. This agreement shall be binding upon the parties and their heirs, successors, administrators, executors, and assigns.

I have read and understood each and every term and condition as set forth herein.

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Parent/Guardian or Adult Student Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Dance Designs by Carol Baskinger, Inc.