

2009 – 2010 *DanceWorks* REGISTRATION FORM

Please use a separate form for each child

Student Name: _____ Birth date: _____ Age: _____

Mother's Name: _____ Father's Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: Home: _____ Parent Work: _____ Cell: Mother: _____

Email Address: _____ Cell: Father: _____

If billing name &/or address is different from above:

Name: _____ Phone: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Medical Information: (Allergies, asthma, & any other physical conditions or learning disabilities):

Please list two (2) emergency contacts other than yourself:

Name: _____ Phone: _____

Name: _____ Phone: _____

CLASS(ES) REQUESTED (please select your first and second choice)

DAY(S) & TIME(S)
(first choice)

DAY(S) & TIME(S)
(second choice)

- | | | |
|---------------------------------------|-------|-------|
| <input type="checkbox"/> Future Stars | _____ | _____ |
| <input type="checkbox"/> Ballet | _____ | _____ |
| <input type="checkbox"/> Pointe | _____ | _____ |
| <input type="checkbox"/> Modern | _____ | _____ |
| <input type="checkbox"/> Tap | _____ | _____ |
| <input type="checkbox"/> Jazz | _____ | _____ |
| <input type="checkbox"/> Lyrical | _____ | _____ |
| <input type="checkbox"/> Hip Hop | _____ | _____ |

Previous Experience (New Students Only): _____

- Choice of payment: Payment in full due by 9/1/09
 Two (2) installments due 9/1/09 & 1/15/10
 Nine (9) installments beginning 9/1/09 & ending 5/1/10

Total amount enclosed: (\$25 *non-refundable* registration fee plus any tuition paid): _____

(over)

Please make checks/money orders payable to: *DanceWorks* and mail to:

DanceWorks c/o Karen Martin
240 Brunswick Ave.
Lambertville, New Jersey 08530

If you wish to pay by cash, please call the *DanceWorks* studio phone at (609)737-7338.

Since class size is limited and in order to give those students on a waiting list a place in class, we ask that you notify *DanceWorks* should your schedule change and you cannot follow through with the class(es) for which you have registered. Please be advised that once classes begin, you are committing to a full year's tuition. A class confirmation letter will be sent out late August.

Parent/Guardian Signature: _____ Date: _____

RELEASE FORMS

I, the parent/guardian of _____, a minor, do hereby release, discharge, hold harmless and safe from liability, *DanceWorks* of Mercer County, LLC in the event of an emergency. I agree to provide medical insurance for the above named student, and will not hold the school, or its directors, officers or employees liable in the event of an accident or injury. In the event that I can not be reached in an emergency, I give the school staff permission to render or act on my behalf to obtain medical treatment for this student for an illness or injury that may occur while attending the school.

Parent/Guardian Signature: _____ Date: _____

I hereby give permission for my child _____ to have his/her photograph taken while attending *DanceWorks* of Mercer County, LLC. I understand that there is a possibility that the picture may be placed in the local newspaper, on the internet in the *DanceWorks* website or in any other media.

*If you would not like your child's picture used, check here. _____

*If you would not like your child's name to be printed, check here. _____

(Please Note: We will not post any child's name on the internet website.)

Parent/Guardian Signature: _____ Date: _____