



By Carol Baskinger
Center for Dance and the Performing Arts
www.dancedesignsstudio.com

Referred by:

(Name of current Dance Designs Student/Parent)

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

Fall 2011-12 Registration Form

Please complete the form in its entirety (front and back) and PRINT CLEARLY!

ONE FORM PER CHILD/ADULT

Student Name _____ Birthdate _____ Age _____

Classes you wish to register for: Please note all classes are subject to availability and level-appropriate eligibility.

Class	Day	Time	Pricing Information For Office Use Only
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			

Billing Name _____ Home# (____)____-____-____
Street Address _____ Cell# (____)____-____-____
City _____, NJ Zip Code _____ Work# (____)____-____-____
Email address: _____@_____ Preferred Contact: (Circle one) Home Cell Business
How did you hear about Dance Designs? Yellow Pages Website Parent Paper Referral Newspaper _____ Other _____

In case of emergency, please contact: _____ Phone# (____)____-____-____

FOR OFFICE USE ONLY – Single Class Only

Total Tuition: \$ _____
 Registration Fee: \$35.00
 Costume Deposit + \$60.00
 Total Due: \$ _____
 Deposit: (Minimum of 50% required) \$ _____
 Balance Due:\$ _____ Date Due: _____

Please note any balances not received by the above due date will be subject to a late charge of \$30.00

FOR OFFICE USE ONLY – Multiple Classes Only

Total Tuition: \$ _____
 Registration Fee: \$35.00
 Costume Deposit + \$60.00
 Total Due: \$ _____
 Deposit: (Minimum of 1/3 required) \$ _____
 2nd Payment \$ _____ Due _____
 3rd Payment \$ _____ Due _____

Please note any balances not received by the above installments dates will be subject to a late charge of \$30.00

- Please be aware of the following Dance Designs Studio policies and procedures effective immediately.
- **NO REFUNDS!** Classes are paid in full, whether they are taken or not.
 - Extensions to the semester are NOT prohibited.
 - Classes with low enrollment (less than 6 students) may be cancelled.
 - **If you fail to adhere to the payment schedule and due dates, you will be charged a \$35.00 late fee. No exceptions.**
 - **IMPORTANT:** If your account remains delinquent 30 days or more beyond the original due date, your child WILL NOT be admitted into the class(es) for which you have been registered. Any classes missed due to account delinquency may not be made up.
 - 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.
 - The fee for returned checks is \$35.
 - Any changes to your class schedule must be made within 30 days of the date of registration. Classes which are added or dropped beyond 30 days will be subject to a \$35.00 administrative fee.

I hereby consent and agree to the above terms and conditions on behalf of myself and/or my child.

NAME _____ DATE _____

Dance Designs
Center for Dance and the Performing Arts
12-38 River Road
Fair Lawn, NJ 07410-8121
(201) 791-8873
www.dancedesignsstudio.com

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 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.
3. 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.
4. 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.
5. 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**.
6. 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.