



Office Use Only

Date of Payment _____
Form of Payment _____
Check # _____
Receipt # for Cash _____
Amount \$ _____
Initials _____

Acct# _____

ONE FORM PER CHILD

Center for Dance and the Performing Arts
www.dancedesignsstudio.com

PLEASE COMPLETE THE ENTIRE FORM AND PRINT CLEARLY

2006-2007 FALL REGISTRATION FORM

Student Name _____
Age _____

1-Class Day Time 5-Class Day Time
2-Class Day Time 6-Class Day Time
3-Class Day Time 7-Class Day Time
4-Class Day Time 8-Class Day Time

Email Address _____
How did you hear about Dance Designs? _____
Previous Training Experience: _____

Billing Name Home # ()- -
Address Cellular # ()- -
Business # ()- -
Zip Code Fax # ()- -

Student Address if different from billing: _____

Emergency Contact 1) _____ Daytime # ()- -

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Total Tuition Due: \$ _____ 38 Weeks Registration
Fee \$25.00 x _____ =
Costume Deposit \$ _____
TOTAL NOW DUE \$ _____ * COSTUME DEPOSIT(S) DUE November 1st
Costume Balance(s) Due January 2nd 2007

Deposit \$ _____ Minimum Deposit of 25% required for multiple classes.
Minimum Deposit of 50% required for one class.

Balance Due \$ _____ by Sept 1st, 2006 *FOR TAKING ONE CLASS*

FOR TWO OR MORE CLASSES:

2nd Payment \$ _____ Date Due - November 1, 2006
3rd Payment \$ _____ Date Due - January 1, 2007
4th Payment \$ _____ Date Due - April 1, 2007

Entered in the Computer
Entered on PB _____

IF YOU FAIL TO ADHERE TO PAYMENT SCHEDULE, YOU WILL NOT BE ADMITTED TO THE CLASSES FOR WHICH YOU HAVE REGISTERED. THERE SHALL BE NO REFUNDS OR CREDITS GIVEN FOR ANY MISSED SESSIONS!

Missed group lessons may be made up during other regularly scheduled group lessons of the same type and level provided that: a) the make up lesson is during the same semester the missed lesson occurred, b) the make-up lesson will be with a regularly scheduled group lesson of the same type and level, c) the lesson in which the make up is taken has available space.

THERE ARE NO REFUNDS OR EXTENSIONS TO THE SEMESTER PERMITTED. CLASSES ARE PAID IN FULL, WHETHER THEY ARE TAKEN OR NOT. THE FEE FOR RETURNED CHECKS IS \$30.

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



Center for Dance and the Performing Arts
 12-38 River Road,
 P.O. Box 1121
 Fair Lawn, New Jersey 07410-8121
 TEL (201) 791-8873 FAX (201) 791-8686
 www.dancedesignsstudio.com

RELEASE AND HOLD HARMLESS AGREEMENT

As a condition of my child's participation in and enrollment at Dance Designs by Carol Baskinger, Inc. (Dance Designs), I _____ do hereby agree to the following:

1. I am the lawful parent or guardian of _____.
2. I understand that participation in the courses, shows, demonstrations and rehearsals, which are a part of my enrollment with Dance Designs, may subject _____ 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 or my child as a result of participation in or enrollment at Dance Designs and I further hold each of them harmless as to any and all liability and responsibility arising from any incident which may cause any damage, injury, or loss to me or to 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 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 director harmless and to indemnify them for any and all losses, injuries or damages that my be suffered by me or by 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 use during my tenure of enrollment, with no compensation due me or my child.
6. This agreement shall be binding upon the parties and their heirs, successors, administrators, executors and assigns.

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

	X	
Date		Parent/Guardian
Date		Dance Designs by Carol Baskinger, Inc.