

Heartbeat Dance Center 19 Rt. 10 East, Unit 2 Succasunna, NJ 07876
973-584-3111 * heartbeatdance@aol.com

Tiny-Tots Mini-Course Registration Form - 12 Weeks

Session 1

Wed: 11:00 - 11:45 - Sept. 13 - Dec. 6 or Sat: 9:00 - 9:45 am Sept. 16 - Dec. 9

Tuition \$160.00

Family e-mail address: _____

PARENT INFORMATION - Please print

Mother's Name _____ Home Phone _____ Cell Phone _____

Father's Name _____ Home Phone _____ Cell Phone _____

Student resides with: both parents / mother / father / other _____

Address _____ City _____ State _____ Zip _____

How did you hear about Heartbeat _____

Emergency Contact (other than Mother or Father) _____ Phone _____

STUDENT INFORMATION

Student's Name _____ Grade in Sept _____ Date of Birth _____ Age in Sept _____

Student's Cell Phone _____ Student's School _____

Please list any allergies, medical problems, or physical restrictions _____

CLASS INFORMATION -

Subject _____ Day _____ Time _____ Code _____

PAYMENT INFORMATION

1. All tuition, costume & competition payments must be made promptly. All payments more than 10 days late are subject to a \$25.00 late fee.
2. There is a \$25.00 charge for any check returned by the bank.
3. No deductions or refunds will be issued for missed lessons due to personal vacations, illness, holiday closings or cancellations due to inclement weather.
4. Any student wishing to withdraw from the program must notify us in writing. Termination will begin on the date of postmark. Credits and refunds will be issued accordingly. There will be no credits or refunds issued for mini-courses.

By the very nature of this activity, dance carries a risk of physical injury. No matter how careful the students and instructors are, the risk cannot be eliminated. Risk of injury includes, but is not limited to, bruises, dislocations, muscle pulls and broken bones. I hereby agree to waive any claims or rights that I might otherwise have to sue Heartbeat Dance Center, their employees, or owners for injuries that may occur as a result of any activity conducted at Heartbeat Dance Center.

The undersigned hereby agrees to all of the above conditions and accepts full responsibility for payment. If you believe anyone else is responsible for any portion of payment, you agree that you remain primarily and fully responsible unless and until the underneath section is executed by the other responsible person. We will acknowledge to you when that occurs.

Signature _____ **Date** _____

Name _____ **Relationship to student** _____

-----Office Use-----

Date Paid _____ Amt. _____ Method _____