



For the Performing Arts

P.O. Box 722
Butler, NJ 07405
973-750-1900

kingcentredance@optonline.net

~ 2019-2020 Dance Registration Form ~

Office use

- Registration fee \$30 per family: _____
 - Total dance hours per week: _____
 - Tuition amount: _____
- Date: ____/____/____
KC employee: _____

Child's Name: _____ Year Started: _____

Street Address: _____ City: _____ Zip: _____

Home Phone Number: _____ Birthdate of Child: __/__/__ Gender: ____ Age: _____

Email address(es): _____

Family Information:

Parent's Name: _____ Occupation: _____

Work Number: _____ Cell Phone Number: _____

Parent's Name: _____ Occupation: _____

Work Number: _____ Cell Phone Number: _____

Emergency Information:

Please choose a person that will be available for us to contact in the event that you cannot be reached.

Person's Name: _____ Contact Number: _____

Medical Conditions: (Please list any allergies or medical conditions that your child has)

Miscellaneous Information:

If you are a new student, how did you hear about us? _____

Payment Information: I will be making my payments – (please choose one of the following:)

___ **1 Annual**, ___ **3 Installments** (1st upon registration; 2nd Nov. 1st; 3rd Jan. 1st) ___ **9 Installments** available with
(1st upon registration; 2nd Oct. 1st; 3rd Nov. 1; 4th Dec. 1; 5th Jan. 1; 6th Feb. 1; 7th Mar. 1; 8th Apr. 1; 9th May 1st)

Please fill out a Recurring Payment Authorization Form for 3 installment or 9 installment options

(If payments are not made within 5 days of due date a \$30 late fee will be charged)


Release Form:

1. I knowingly and freely assume all risks, both known and unknown, and assume responsibility for my child's participation; and
2. I hereby indemnify and hold harmless The King Centre, its agents, faculty, and/or employees, from any and all injury my child may sustain as a result of participating in any of the dance programs being offered at The King Centre. In addition, I shall assume full responsibility for any and all medical expenses my child may incur as a result of any injury he/she may sustain.
3. **Classes may be changed or cancelled depending on enrollment.**
4. **No refunds or cessation of recurring payments for classes dropped after November 15th**
5. I have read and agree to all the King Centre policies as stated in the Parent Handbook.
6. All participants give their permission for any photograph or video taken of them by The King Centre to be used in promotion. This includes newspaper, brochures, ads, television, sales videos, internet, newsletters and any other form of marketing on behalf of The King Centre.

I have read and understand the above policies.

Parents Name (please print): _____

Parents Signature: _____ Date: _____

Visit our Website at: KingCentreDance.com and Like us on Facebook 

***** Please Circle Class Selections on Reverse Side *****

Butler

MONDAY

**KF Two
Ballet/Tap
Ages 5-6
4:00-5:00**

**Academy
Ballet
Level 1
5:00-6:00**

**Tap Level 1
6:00-6:30**

**Jazz
Level 1**

6:30-7:30

TUESDAY

**Acro
Red/Green**

4:00-5:00

**Acro
Orange**

5:00-6:00

**Acro
Blue**

6:00-7:00

**Acro
Purple**

7:00-8:00

WEDNESDAY

**Hip Hop
Ages 6-11**

4:30-5:30

**Jazz
Level 3**

5:30-6:30

**Jumps & Turns
Level 2/3**

6:30-7:30

THURSDAY

FRIDAY

**K One
Ballet/Tap Ages 3-4
12:00-1:00**

**Kinder Acro
1:00-2:00**

**K Two
Ballet/Tap
Ages 5-6
4:00-5:00**

**Academy Ballet
Level 2**

5:00-6:00

**Tap
Level 2**

6:00-7:00

**Jazz
Level 2**

7:00-8:00

SATURDAY

**K One
Ballet/Tap
Ages 3-4
9:00-10:00**

**K Two
Ballet/Tap
Ages 4-5
10:00-11:00**

**KF Two
Ballet/Tap
Ages 5-6
11:00-12:00**

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