



# The King Centre for the Performing Arts

**Wanaque**  
527 Ringwood Ave  
Wanaque, NJ 07465

**Mahwah**  
60 Whitney RD,  
Suite 9 & 10  
Mahwah, NJ 07340

**Butler**  
1574 State Rt. 23  
Butler, NJ 07405

[www.kingcentredance.com](http://www.kingcentredance.com) | (973) 839-4031

### Office use

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

## ~ 2020-2021 Class Registration Form ~

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

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

*(If payment is not received by the due date, after 5 days you will receive an email notifying you that a \$35 Late fee has been applied to your account.*

*For more info, please refer to handbook.)*

### Release Form:

1. I knowingly and freely assume all risks, both known and unknown (including COVID-19) and assume responsibility for my child's participation.
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 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. In an event of a full studio shutdown, due to an emergency or national closure, we will be resuming classes in a virtual atmosphere.
4. I understand that by signing this form that I am the primary account holder and that I accept full financial responsibility for this account.
5. **Classes may be changed or cancelled depending on enrollment and Covid-19 State Regulations.**
6. **No refunds or cessation of recurring payments for classes dropped after November 15<sup>th</sup>**
7. I have read and agree to all the King Centre policies as stated in the Parent Handbook.
8. I give permission for any photograph or video taken of child(s) 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: \_\_\_\_\_