The King Centre for the Performing Arts

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

Wanaque
527 Ringwood Ave
Wanaque, NJ
07465

www.kingcentredance.com | (973) 839-4031

Office use
- Registration fee $30 per family:_____
- Total dance hours per week: _____
- Tuition amount: _____

Date: ____/____/____
KC employee: _____

~ 2026-2027 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** (1st upon registration; 2nd Nov. 1st; 3rd Jan. 1st), ___ **10 Installments** (1st upon registration; 2nd Oct. 1; 3rd Nov. 1; 4th Dec. 1; 5th Jan. 1; 6th Feb. 1; 7th Mar. 1; 8th Apr. 1; 9th May 1st; 10th June)

Please fill out a Recurring Payment Authorization Form for 3 installment or 10 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 15th**
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: _____

The King Centre for the Performing Arts

Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:
You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____authorize The King Centre for the Performing Arts to charge my credit card indicated below for:
$ _____ on registration and

$_____ on the first of each month starting __/1/2026 through __/1/2027 for payment of my child(ren)'s_____ tuition. I understand that my payments are considered a payment plan agreement as a breakdown of an annual tuition charge and are not a pay by month transaction.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Credit Card Information

☐ Visa ☐ MasterCard
☐ Amex ☐ Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The King Centre in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. **There are no refunds or cessation of recurring payments for classes dropped after November 15th**. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of a transaction being rejected for Non Sufficient Funds (NSF) I understand that The King Centre may at its discretion attempt to process the charge again within 30 days, and agree to an additional $20.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

payment plan Studio _____