

# Tip Tap Toe Dance Studio 2018-19 Registration Form

Student's Name: \_\_\_\_\_  
Student Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Bill to address (if different from above): \_\_\_\_\_  
\*Parent E-Mail (required): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ \* Birth date (required): \_\_\_\_\_  
Mother's Name : \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Allergies/Medical Information we should be aware  
of: \_\_\_\_\_  
Ballet Tap Jazz Lyrical Pointe Ballet Technique Jazz Technique Hip Hop  
Total Classes \_\_\_\_\_ Total Cost \_\_\_\_\_  
Credit Card: Visa / MC  
Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ V-Code (on back of card) \_\_\_\_\_  
Signature: \_\_\_\_\_

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## Please Read & Sign Below...

### FAMILY NAME \_\_\_\_\_

The undersigned, heirs, executors and administrators waive and release any and all claims against Tip Tap Toe Dance Studio, its agents, servants and employees, for any personal injury sustained out of participation in any classes, rehearsals, performances, or on the premises of Tip Tap Toe Dance Studio.

I certify that my child is in good health and I understand that participation in classes involves physical movement and execution. I understand and agree to adhere to the Student and Parent Conduct Code in the Parent Guide. I agree to provide medical insurance for my child and family. If my emergency contact cannot be reached, I give permission to the staff of Tip Tap Toe Dance Studio to render aid or to act in my behalf to obtain emergency medical treatment for this student for any illness or injury that may occur while attending classes, rehearsal, performance, or on the premises. I understand that I must pay for all classes that I register for here at Tip Tap Toe Dance Studio and observe the late fee of \$20.00 per month for all missed payments regardless of the reason. I understand that payment should reach Tip Tap Toe Dance Studio on time due (the 15<sup>th</sup> of the month) even if I'm absent from class the day it is due. If my payment is overdue my credit (that I have provided) will be auto charged for the full amount due and a \$20.00 late fee will be added.

In addition, I understand that when registering for classes I am securing my child's spot in those classes and if I choose to drop a class, I must do so in writing, email or in the office and if I choose to drop a class after three weeks no refund will be due to me. After three weeks of enrollment there are NO refunds or credits given. I understand all check should be made payable to Tip Tap Toe Dance Studio and that I will be charged a service fee of \$35.00 for every bounced check I write. Also, I will be asked to pay in cash for the check I wrote as well as the service charge.

I understand that tuition is due in full. I understand that all registration fees of \$35.00 per student are non-refundable. I understand that failure to pay tuition, late fees, or miscellaneous charges may result in termination of my child's participation in their class(es) until such a point that my account is made current.

I understand that Tip Tap Toe Dance Studio does NOT issue refunds for any reason, including missed classes due to illness, vacation, religious observances, inclement weather or withdrawal. Any missed classes can be made up in another age appropriate class during the season, subject to enrollment and availability. Refunds will not be given for costumes, tights, or any other items **Please sign!**

***Tip Tap Toe Dance Studio will not enroll a child unless signed below.***

Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

55 North County Line Road, PO Box 661, Jackson, New Jersey 08527  
(732) 905-7881

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