



271 Pascack Road P.O.Box 1398  
 Washington Township, NJ 07676  
 Tel: (201) 664-7022 Fax: (201) 664-7220  
[www.ambitiondanceacademy.com](http://www.ambitiondanceacademy.com)

Account #:

**2011-2012 Registration Form**

Dancer's Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
 \_\_\_\_\_ New Student \_\_\_\_\_ Returning Student, # of years at ADA: \_\_\_\_\_ Company Member/Level: \_\_\_\_\_  
 Dancer's Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
 \_\_\_\_\_ New Student \_\_\_\_\_ Returning Student, # of years at ADA: \_\_\_\_\_ Company Member/Level: \_\_\_\_\_  
 Dancer's Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
 \_\_\_\_\_ New Student \_\_\_\_\_ Returning Student, # of years at ADA: \_\_\_\_\_ Company Member/Level: \_\_\_\_\_  
 Dancer's Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
 \_\_\_\_\_ New Student \_\_\_\_\_ Returning Student, # of years at ADA: \_\_\_\_\_ Company Member/Level: \_\_\_\_\_

Parent/Billing Name: \_\_\_\_\_  
 Parent/Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Parent 1 Cell Phone #: \_\_\_\_\_  
 Parent 2 Cell Phone#: \_\_\_\_\_ Student Cell Phone #: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Please list any physical problems, food allergies or special needs for your child(ren):  
 \_\_\_\_\_

Student's Name:	Class:	Day/Time:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total hours per week: \_\_\_\_\_  
 Yearly Group Tuition: \$ \_\_\_\_\_  
 Registration Fee: \$ \_\_\_\_\_ (An annual non-refundable registration fee of \$30. for the first child and \$10. for each sibling is due when registering.)  
**Total: \$** \_\_\_\_\_

Payment Plans: (5% off if yearly tuition if paid in full by 10/1/11)  
 3 payments of: \_\_\_\_\_ due by 10/1/11, 12/1/11 & 3/1/12 if taking one class per week.  
 Monthly payments of: \_\_\_\_\_ due by the 1<sup>st</sup> of the month starting 10/1/11 and ending 5/1/12.  
**First and last month's tuition (Oct & June) is due at time of registration.**  
 \*Monthly payment plans only available if taking 2 or more classes per week.

I have signed up for Automatic Payments: \_\_\_\_\_ Yes \_\_\_\_\_ No

Costumes for recital are \$85. per dance (2 in 1 costumes are \$125.) and are due November 1<sup>st</sup>, 2011. If you do not pay for your costume it will not be ordered and your child will not be permitted to perform in the recital. You are responsible for any late, rush or shipping fees for costumes payments received after the original order is placed.  
**Total Costume Payment due Nov 1, 2011:** \_\_\_\_\_

Recital fees are \$60. for the first child and \$15 for each sibling and are due March 1<sup>st</sup>, 2012. The recital fee covers: 1 recital t-shirt for dancer, end of year medal, dress rehearsal @ Paramus Catholic, professional lighting & sound for recital & 1 DVD of show of your choice.

**Total Recital Fee due March 1, 2012:** \_\_\_\_\_

ADA has a no refund policy. Tuition is due the first day of each month/session. A \$10. late fee will be charged if tuition is not received by the 10<sup>th</sup> of the month/session-NO EXCEPTIONS. The fee for returned checks is \$35. If your account becomes more than 90 days late and legal action is taken, you will be required to pay any and all attorney fees related to your case/account. Class placement is entirely at the discretion of the director. When classes are missed due to snow days or illnesses they can be made up in appropriate age and level classes. No refunds granted. There will not be any make up classes offered after May 1<sup>st</sup> due to recital preparation.

I have read and understand ADA's 2011-2012 Studio Policies, Rules and Payment Schedules. I understand that ADA's budget is based on the number of students enrolled in its classes and that by registering I am buying a spot in that class for the year. To cancel this agreement, I understand that a drop class form needs to be signed and submitted giving ADA two weeks notice prior to dropping the class, otherwise I will be responsible for any outstanding balances that assess. Tuition will not be adjusted and there will be no credit or refunds given for classes dropped after March 1, 2012. I have read and fully understand the above written statements.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to the following as a condition of my and/or my child's participation and enrollment in Ambition Dance Academy:

I understand that participation in the classes, workshops, shows, conventions, competitions, rehearsals and recitals may subject me and/or my child to injury. I agree to hold Ambition Dance Academy and its employees, instructors, contractors and directors harmless as to any injuries, losses or damages which may be suffered by me and/or my child as a result of participation in or enrollment at Ambition Dance Academy. I further hold each of them harmless as to any liability and responsibility arising from any incident that may cause damage, injury or loss to me and/or my child.

I also understand that Ambition Dance Academy may engage in classes, workshops, shows, conventions, competitions, rehearsals and recitals which may require transportation by employees, instructors or directors of Ambition Dance Academy. I agree to hold Ambition Dance Academy and its employees, contractors, instructors and directors harmless and to indemnify them for any and all injuries, losses or damages which may result of such transportation.

Ambition Dance Academy has my permission to photograph, record and videotape me and/or my child for promotional use with no compensation due me and/or my child. I have read and fully understand the above written statements and agree to them as a condition of my and/or my child's or children's participation and enrollment in Ambition Dance Academy.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			# of dancers _____	grp hrs/wk _____	company _____		
session	monthly pif	reg \$: _____	8/25/11DISC	automatic --	yes	no	
session 10/1/11\$ _____	date _____	ch# _____	cash	v	m	d	a
session 12/1/11\$ _____	date _____	ch# _____	cash	v	m	d	a
session 3/1/12 \$ _____	date _____	ch# _____	cash	v	m	d	a
10/1/11 & 6/1/12 \$ _____	date _____	ch# _____	cash	v	m	d	a
11/1/11\$ _____	date _____	ch# _____	cash	v	m	d	a
12/1/11\$ _____	date _____	ch# _____	cash	v	m	d	a
1/1/12\$ _____	date _____	ch# _____	cash	v	m	d	a
2/1/12\$ _____	date _____	ch# _____	cash	v	m	d	a
3/1/12\$ _____	date _____	ch# _____	cash	v	m	d	a
4/1/12\$ _____	date _____	ch# _____	cash	v	m	d	a
5/1/12\$ _____	date _____	ch# _____	cash	v	m	d	a
grp cost\$ _____	sdt cost\$ _____				rf\$ _____		
s _____	d _____				t _____		