

## NJDTE SPRING 2025 REGISTRATION FORM

### STUDENT INFORMATION:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth (mm/dd/yy) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Email Address \_\_\_\_\_ School \_\_\_\_\_  
Student's Primary Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_ Health Insurance Carrier \_\_\_\_\_  
Allergies \_\_\_\_\_ Disabilities \_\_\_\_\_ Medications \_\_\_\_\_  
Other Information you feel should be brought to our attention \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

**1<sup>st</sup> Parent/Guardian** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_

### 2025 SPRING CLASSES:

Ensemble by Invitation Only \*Ensemble Dancers must fulfill the Weekday commitment of classes

**ENSEMBLE COMPANY:**  **ENSEMBLE LEVEL:** \_\_\_\_\_ **Ensemble Cost \$** \_\_\_\_\_

### WEEKDAY CLASSES:

Level/ Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Cost \$ \_\_\_\_\_  
Level/ Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Cost \$ \_\_\_\_\_  
Level/ Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Cost \$ \_\_\_\_\_  
Level/ Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Cost \$ \_\_\_\_\_  
Level/ Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Cost \$ \_\_\_\_\_  
Level/ Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Cost \$ \_\_\_\_\_

**TOTAL TUITION DUE SPRING 2025 \$** \_\_\_\_\_

## PAYMENT & POLICIES

TOTAL TUITION DUE: \$ \_\_\_\_\_

**A. FULL TUITION PAYMENT** Deadline November 20<sup>th</sup>, 2024 - \*5% Paid in Full Due Discount at Registration.

Full Payment – November 20<sup>th</sup>, 2024: \$ \_\_\_\_\_ +

Registration Fee – **only for new student:**     \$40     =  
Total Due: \$ \_\_\_\_\_

**B. PAYMENT SCHEDULE OPTION:** \*ONLY APPLICABLE FOR RUBY, DIAMOND, LEVEL 3, LEVEL 4, LEVEL 5, LEVEL 6\*

Payment 1 (40%) – November 20<sup>th</sup>, 2024: \$ \_\_\_\_\_ +

Registration Fee – **only for new student:**     \$40     +

Payment 2 (40%) – January 8<sup>th</sup>, 2025: \$ \_\_\_\_\_ +

Payment 3 (20%) – February 5<sup>th</sup>, 2025: \$ \_\_\_\_\_ =

Total Due: \$ \_\_\_\_\_

A late fee of \$40 will be charged if payment is not received by November 20<sup>th</sup>, 2024, January 8<sup>th</sup> and February 5<sup>th</sup>, 2025, dates.

**\*There are no refunds once a student is registered for any program\***

### CREDIT CARD AUTHORIZATION:

All Option B (PAYMENT SCHEDULE) must have a credit card on file:

\*No Debit Cards Accepted\*

**Account Type:** \_\_\_ Visa \_\_\_ Master Card \_\_\_ Discover \_\_\_ AMEX

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

### Billing Address

Street: \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email \_\_\_\_\_

**Cardholder name** (as it appears on the card) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Select Payment: \_\_\_\_\_ A. Paid in Full (due upon Registration) \_\_\_\_\_ B. Payment Schedule (as detailed above)

### AUTO-CHARGE APPROVAL:

I hereby authorize NJDTE to charge my credit card (information provided above) for the payment of

\_\_\_\_\_ (Name of Student) for NJDTE Spring 2025 tuition as schedule above (and/or such other amount applicable to any changes in their enrollment) on the applicable due dates.

Print your name in Full: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **Credit Card Authorization:**
  - I hereby authorize NJDTE to charge my credit card (that I provided) for the full amount due including any late fees and any additional charges.
  - All Credit Card information must be updated as needed with Administration.
  - Any payment that is declined for any charge you will be contacted and must provide updated payment information to not incur a late fee.
  - If the account surpasses an additional 30 days unpaid from the due date, the account will be charged an additional late fee of \$40. Further delinquency on an account could result in suspension of dancer(s) admittance from class.
- **Payment/Late Fee/Checks Fee:**
  - All checks are payable to NJDTE.
  - **Return Check:** A \$40.00 fee will be charged for every returned check.
  - **Late Fee:** A \$40.00 late fee will be charged after the due date each month until payment is in full.
  - **Failure to Pay/Termination:** I understand that failure to pay tuition, late fees, and or any other charges may result in termination of my child's participation in their NJDTE classes, rehearsal, and performances until my account is up to date.
- **No Refund/Attendance Policy:**
  - Registration fees & tuition are non-refundable.
  - NJDTE does not issue refunds for any reason, including classes missed due to illness, injury, vacation, religious observance, or withdrawal.
  - NJDTE does not issue makeup classes.
- **Studio Policies:**
  - I understand and agree to adhere to the etiquette and studio policies:
  - If in the Performing Ensemble, my dancer will adhere to the NJDTE Ensemble Dancer Agreement.
- **Emails:** I understand and agree that NJDTE will send schedules, e-blasts, and program information via email. I will keep NJDTE informed of any changes to my contact information.

**Parents/Guardian Agreement – Please refer to NJDTE Parent Portal for all studio policies and etiquette.**

<https://njdteparentportal.wordpress.com> | password: NJDTE2021

**Legal Release and Policy Acceptance (please initial)**

\_\_\_\_\_ I/we understand the Studio Policies                      \_\_\_\_\_ I/we understand my billing obligations

\_\_\_\_\_ I/we understand the risks related to dance                      \_\_\_\_\_ I/we understand my responsibilities for my personal belongings

\_\_\_\_\_ I/we understand the dress code                      \_\_\_\_\_ I/we understand the Spring 2025 schedule/calendar

\_\_\_\_\_ I/we give media use rights permission                      \_\_\_\_\_ I/we understand the attendance policy

\_\_\_\_\_ I/we understand the NJDTE COVID-19 Policies & Procedures (<https://www.njdte.org/covid-policies/>)

\_\_\_\_\_  
Signature/Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

**Assumption of Risk, Release of Liability, Medical Emergencies**

As the legal parent or guardian, I hereby release and hold harmless NEW JERSEY DANCE THEATRE ENSEMBLE, Inc. (herein referred to as "NJDTE") its Directors, Faculty, and employees from and against any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, harm, cost, damage, or injury, including death, that may arise from or relate to my child's and/or the dancer's participation in NJDTE classes while in or upon the premises under the control and/or supervision of NJDTE, their directors and staff. I certify my child is in good health and proper physical condition to take part in dance activities. I understand that participation in classes involves physical movement and, therefore, there are certain risks inherent in the art of dance. I agree to provide medical insurance for my child. If my emergency contact cannot be reached, I give permission to the staff of NJDTE to render aid or to act in my behalf to obtain emergency medical treatment for the abovenamed student for any illness or injury that may occur while attending classes, rehearsal, performances, or on the premises.

**I have read this agreement and agree (by printing and signing my name below):**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print your Full Name: \_\_\_\_\_

**NJDTE SPRING 2025 MEDICAL RELEASE**

**MEDICAL INSURANCE:**

**PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR CURRENT INSURANCE CARD.**

\*Dancers must be covered by their own and/or their family's hospitalization insurance policy.

Company: \_\_\_\_\_ Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Company Address: \_\_\_\_\_

Number/Street City State Zip

Primary Cardholder: \_\_\_\_\_ Plans: \_\_\_\_\_

Primary Physicians Name: \_\_\_\_\_

Address: \_\_\_\_\_

Number/Street City State Zip

Phone #: \_\_\_\_\_ Other Health Care Providers: \_\_\_\_\_

**LIABILITY WAIVER:**

I hereby release New Jersey Dance Theatre Ensemble, Inc., its officers, and/or its employees of any responsibility for accidents that might occur to my son/daughter while participating in any activities encompassed in NJDTE programming.

New Jersey Dance Theatre Ensemble and its officers and its employees shall be held harmless from any loss, theft, loss claim, injury or liability incurred at NJDTE programming.

I will assume responsibility for any necessary medical care and expense.

---

**Signature of Dancer**

---

**Signature of Parent or Legal Guardian (if dancer is under age 18)**

**AUTHORIZATION FOR MEDICAL TREATMENT:**

This is to authorize the physicians and nursing staff and/or emergency room physician (and any consultants that they deem necessary) to render necessary medical care:

In the event of an emergency, I consent that the physicians on staff may perform any emergency treatment, including surgery requiring the use of a local anesthetic. This authorization shall be in effect if the dancer is enrolled in any NJDTE program. Furthermore, I will assume full responsibility for all medical costs incurred.

I also attest that I am physically and mentally capable of meeting the demands of a rigorous dance project. I understand that no eyeglasses or leg or foot braces of any type may be worn in class.

---

**Signature of Dancer**

---

**Signature of Parent or Legal Guardian (if dancer is under age 18)**

**PRESCRIPTION MEDICATIONS:**

If you are required to take prescription medicines during NJDTE programming, please attach a list of those medicines. Additionally, list all prescription or nonprescription medications to which you have had a reaction:

---

**NON-PRESCRIPTION MEDICATIONS:**

I give my permission to the staff of NJDTE to administer the following medications at the prescribed dosage to my son/daughter for the following conditions: (specify medications, dosage and condition below).

---

**Signature of Dancer**

---

**Signature of Parent or Legal Guardian (if dancer is under age 18)**

**ALLERGIES:**

Please list all allergies, including foods, molds, pollens, animals, insects, etc.:

**MEDICAL HISTORY:**

Please check all that apply. Provide explanation and dates where applicable below.

Congenital Defects: _____	Drug Allergy: _____	Eczema: _____
Emotional Instability: _____	Serious Eye Defects: _____	Tendonitis: _____
Frequent Sore Throats: _____	Food Allergy: _____	Mononucleosis: _____
Urinary Tract Defects: _____	Glasses: _____	Central Nervous: _____
Sinusitis: _____	Insect Bite Allergy: _____	System Defects: _____
Serious Operations: _____	Gastrointestinal Defects: _____	Chicken Pox: _____
Frequent Infected Ears: _____	Asthma: _____	Convulsions: _____
Serious Injuries: _____	Heart Defects: _____	Measles: _____
Hearing Defects: _____	Hay Fever: _____	Fainting: _____
Tuberculosis: _____	Rheumatic Fever: _____	German Measles: _____
Bronchitis: _____	Hives: _____	Mumps: _____
Diabetes: _____	Musculoskeletal Defects: _____	
Pneumonia: _____	High/Low Blood Pressure: _____	

Date of latest immunization: \_\_\_\_\_  
(Must be completed for entry into program)

Are you vaccinated against Chicken Pox? \_\_\_\_\_ Measles? \_\_\_\_\_

Is there anything special we should know about your dancer's health?

---

Please list any physical or dance-related problems including injuries, bone, joint, or muscular disorders, etc.

---

NOTE: A written authorization to participate in any NJDTE Program must be submitted by a physician for any dancer with a pre-existing medical condition. Full details of current treatment must be provided by the physician to ensure proper care during the program.

**2025 NJDTE LIVE CLASSES LIABILITY STATEMENT**

I understand that if I do not follow the policies, guidelines, or regulations of 2025 NJDTE Programs I can be expelled with no refund. Policies, guidelines, and regulations are meant to keep all students, faculty, and staff safe and within the CDC Guidelines.

I have read the above policies and hereby absolve New Jersey Dance Theatre Ensemble, Inc., its officers, and/or its employees of any responsibility for accidents that might occur while participating in any activities encompassed in the 2025 NJDTE Classes Programs at NJDTE Studios. New Jersey Dance Theatre Ensemble, Inc. its officers and/or its employees, shall be held harmless from any injury, illness, theft, loss claim, or liability incurred at this live program.

Dancer Full Name: \_\_\_\_\_

Dancer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Full Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_