**Broadway Bound Dance Center**

**Fall 2019-20 Registration Form**

**Classes begin September 9th**

**bbdcnj.com**

You may now register for your 2019-20 dance classes. Please remember you are placed in to your class by ability & age if you are unsure what class to take, ask your teacher or Ms. Kim.

 When registering please pay for your monthly fee, 2-weeks in June 2020 and a $20.00 registration fee. Register by mail, online starting JUNE 1st., drop at the studio or in our outside drop box, 1245 Rt. 22 East, Lebanon, NJ 08833. Call 908-236-8133.

**Weekly Class Length Tuition/Month**

**1 hour $62.00/ month**

**1 hour & 15 minutes $77.00/month**

**1 hour & 30 minutes $92.00/month**

**2 hours $122.00/month**

**3 hours $182.00/month**

**5 or more classes $302.00/month**

 Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NJ, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_Allgeries\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Class Description** **Day** **Time**

**1.**

**2.**

**3.**

Siblings Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Class Description** **Day** **Time**

**1.**

**2.**

**3.**

**Go to bbdcnj.com to sign-up for our monthly email blast.**

**Please read and sign: In consideration of participation in the policies at Broadway Bound Dance Inc., I hereby release and agree to indemnify and hold harmless Kim Helfrich, Broadway Bound Dance Inc., and it’s employees, from any and all damages, expenses, liabilities, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever (including, without limitation, attorney fees and expenses),which may be incurred or suffered by my child while my child is participating in or attending dance lessons, competitions, shows or any other event associated with Broadway Bound Dance Inc. I further state my child/children are in good health and are not restricted from any physical activities such as dance, etc. Please look at our policies online.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of Amount Owed: Registration: \_\_\_\_\_\_\_\_\_\_**

 **Sept: \_\_\_\_\_\_\_\_\_\_**

 **½ June: \_\_\_\_\_\_\_\_\_\_**

 **Total Due: \_\_\_\_\_\_\_\_\_**

Paid by: Check #\_\_\_\_\_\_\_\_\_Credit Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp.\_\_\_\_\_\_\_Code bk.\_\_\_\_\_\_\_\_

 Or Cash \_\_\_\_\_\_\_\_ Please circle: Y or N to enroll for the year for automatic payment: Yes or No

EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_