



2024 NJDTE SUMMER REGISTRATION FORM

STUDENT INFORMATION:

First Name _____ Last Name _____

Date of Birth (mm/dd/yy) _____ Age _____ Grade (Jan. 2023) _____

Email Address _____ Phone Number _____

Current Academic School _____ Current School for Dance Training _____

Student's Primary Doctor _____

Preferred Hospital _____ Health Insurance Carrier _____

Allergies _____ Disabilities _____ Medications _____

Other Information you feel should be brought to our attention _____

PARENT/GUARDIAN INFORMATION

1st Parent/Guardian First Name: _____ Last Name: _____

Relationship to Student _____ Home address: _____

Phone: Home _____ Work _____ Cell _____

Email _____

2nd Parent/Guardian First Name: _____ Last Name: _____

Relationship to Student _____ Home Address _____

Phone: Home _____ Work _____ Cell _____

Email _____

Emergency Contact Full Name: _____ Relationship to Student _____

Phone: Home _____ Work _____ Cell _____

SUMMER PROGRAM & LEVEL ENROLLED (\$40 Registration Fee Due upon Registration)

New Ballet Intensive (July 1st -July 12th) Level _____

Full Program (2 Weeks)- **\$1195 + \$40** OR 1 Week- **\$670 + \$40** (indicate week 1 or 2) _____

Young Dancer Program (July 15th – July 26th) Level _____

Full Program (2 Weeks) - **\$1050 + \$40** OR 1 Week **\$620+ \$40** (indicate week 1 or 2) _____

Summer Dance Intensive (July 29th – August 9th) Level _____

Full Program (2 Weeks)- **\$1890 + \$40** OR 1 Week **\$1120 + \$40** (indicate week 1 or 2) _____

INITIAL HERE _____ 1.1.24



- I/we have read and the 2024 NJDTE COVID-19 Policies online njdte.org
- I/we authorize the physicians and nursing staff and/or emergency room physician and consultants deemed necessary to render necessary medical care.
- I/we agree that in the event of an emergency, I consent that the physicians on staff may perform and emergency treatment, including surgery and the use of local anesthetic. This authorization shall be in effect as long as the dancer enrolled in any NJDTE or MIP2 program. I will assume full responsibility for any necessary medical care and expense incurred.
- I/we understand that no eyeglasses or foot braces or boots may be worn to class.

PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS:

I/we will provide and list and prescription medications and non-prescription medications that my dancer must take or may use or those medications that they have a reaction to. (Please provide info below)

I/we give my permission to the staff of NJDTE and MIP2 to administer the following medications at the prescribed dosage to my son/daughter for the following conditions: (Specify medications, dosage, and condition below)

ALLERGIES:

I/we will provide a list of allergies including foods, Mold, pollen, animals, insects etc. (Please provide below)

IMMUNIZATIONS:

Date of latest Tetanus Immunization _____

(Must be completed before program)

Are you Vaccinated against Chicken Pox _____ Measles _____

Are there any physical or dance-related problems including injuries, bone, joint or muscular disorders, etc.?

Is there any other special that we should know about your health, mental conditions, or concerns?

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

Print Full Name (Parent if dancer is under age 18)

Signature/Responsible Party

Date

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: _____ | |

Additional Details:

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 insure proper care during the program.



NJDTE PAYMENT & POLICIES

SUMMER 2024 TOTAL TUITION PAYMENTS: \$ _____

A. FULL TUITION PAYMENT Deadline February 15th, 2024 -
Full Payment – February 15th, 2024: _____ +
Registration Fee – : _____ \$40 _____ =
Total Due: _____

B. 2 PAYMENT SCHEDULE OPTION:
Payment 1 (60%) – February 15th, 2024: _____ +
Registration Fee – : _____ \$40 _____ +
Payment 2 (40%) – April 12th, 2024. : _____ +
Total Due: _____

A late fee of \$40 will be charged if payment is not received by February 15th and April 12th, 2024
*There are no refunds once a student is registered for any program

CREDIT CARD AUTHORIZATION:

All Option B (2 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 Summer 2024 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: _____

(For official use only) received with this form. Registration Fee _____ Tuition: _____ Total _____



- **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 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.

