

**Premiere Dance of Hillsborough**  
**Registration Form and Student Profile**  
[www.premieredancenj.com](http://www.premieredancenj.com)

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

**(Please print. Please fill out a separate registration form for each student)**

Student's Last Name	First Name	Age	D.O.B.	Years of exp.
Mother's Name		Father's Name		
Address: _____		City: _____	State: _____	Zip: _____
Home phone: _____		Other phone: _____		
*Email: _____				

**\* Your e-mail address is necessary to receive pertinent dance information throughout the year.**

**Please mark AGE APPROPRIATE classes according to our current schedule.**

Class No	Type Of Class	Day	Time	Instructor

**Use back of form for additional classes**

**Please mark all checks payable to *HRC*.** For appropriate registration and tuition fee, see tuition policy.  
**We accept Cash, Check, VISA, and MasterCard only.** For more information: **908-281-9442.**

\_\_\_\_\_  
**Parent or Guardian Signature**

**Registration Fee:**

One dance student:	\$35.00
Two or more	\$50.00

**(Registration fee is non-refundable)**

Amount paid

Receipt number Date

\_\_\_\_\_

\_\_\_\_\_

**Tuition Payment Plans**

**1. Installment payments**

**1<sup>st</sup> payment due with registration**

2<sup>nd</sup> payment due Nov. 15<sup>th</sup>

3<sup>rd</sup> payment due Feb.15<sup>th</sup>

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Monthly payments:** I hereby authorize HRC to charge my \_\_\_ VISA \_\_\_ MasterCard \_\_\_ Checking  
 \_\_\_ Savings. Account number \_\_\_\_\_ Exp \_\_\_\_\_

for my monthly dues which are now \$\_\_\_\_\_. I agree that the monthly dues will be charged to my account on or around the 15<sup>th</sup> day of the month. (Please attach your voided check if paying by checking account). There are 9 ½ billings this season. I understand a cancellation form must be filled out and given to the dance receptionist by the 10<sup>th</sup> of the preceding month in which any classes are dropped.

**\*There is a \$10 fee for any direct billing returned from the bank.**

\_\_\_\_\_  
**Parent or Guardian Signature**