

# 2025 / 2026 Kid's Club Program

## Bus Drop off Registration Form

*Please fill out in full. Please use one form per registrant. Thank You.*

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Parent E-mail (required) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent Workplace \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent Workplace \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency contact name & phone \_\_\_\_\_

Name of persons who may pick up your child \_\_\_\_\_  
(Your child will not be released to anyone who is not mentioned above.)

Please explain any restrictions / allergies / concerns:

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My child attends: MES \* MMS \* Private School (Bishop Dunn, Nora Cronin, Etc.)

### After-School Drop Off:

- \$519.75 per month includes snack, 5 classes per week & activities based on Madeline's dance, tumbling & performance curriculum.
- Daily Rate (paid yearly or monthly) \$24.00 per day (does not include instructional lessons...dance, tumbling, etc. classes).
- Siblings receive 15% off
- Each additional half hour after 5:30 pm will be incur an additional \$6.00 charge.
- Marlboro School District Half Days is \$65.00 additional per half day. (Less depending upon enrollment.)
- We will be closed during any early dismissal days due to inclement weather.
- A \$12.00 late fee will be charged after the 15<sup>th</sup> of the month.
- Rates and terms are dependent upon sufficient enrollment. While our rates are lower than most, we still ensure highly qualified staffing. Your referrals and support are necessary to keep our programs running.

DAY	PICK UP TIME / CLASS TIME
MONDAY	_____ / _____
TUESDAY	_____ / _____
WEDNESDAY	_____ / _____
THURSDAY	_____ / _____
FRIDAY	_____ / _____

Deposit: *Non-refundable* \$ 100.00  
(Towards Final Month)

Dance / Tumbling Classes are subject to those polices.  
Please fill out a class registration form as well.

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Office Only: Amount Paid: \_\_\_\_\_  
Date: \_\_\_\_\_  
Initials: \_\_\_\_\_

Upon registration you are agreeing to consistent monthly payments of after-school care regardless of whether your child is absent on any given days. Please note that prepaid tuition / holding fees are only refundable in tuition credit only for that child or immediate family members.

I agree to all policies set forth by Madeline's Kids Club: Parent Signature: \_\_\_\_\_

**HOLD HARMLESS AGREEMENT**

I \_\_\_\_\_ hereby agree to release, indemnify and hold harmless Madeline’s Dance Center, Inc. and Southern Ulster Center for the Arts, LLC its officers and directors, and all employees. This hold harmless remains in effect for my son/daughter until withdrawn in writing by myself or until they become 18 years old. Photocopies of this hold harmless are to be considered as valid as the original form & signature. I understand that if changes are made to the hold harmless agreement that I will then be required to fill out an updated registration form.

Written notice will be given to Madeline’s Dance Center, Inc and Southern Ulster Center for the Arts, LLC of any act or occurrence involving any claim, demand, or item of cost of, indemnified against herein, within ten (10) days of knowledge of such occurrence or act.

I \_\_\_\_\_ give permission for my son/daughter to participate in functions sponsored by Madeline’s Dance Center, Inc. after-school program and understand that there are inherent risks associated and involved in the programs being conducted. I understand that any and all precautions will be taken to help ensure my child’s safety but not every event may be planned for or prevented. I agree to all stipulations stated in BOTH paragraphs above and hereby give permission for \_\_\_\_\_ to participate. I do not know of any reason, medical or otherwise which would prevent my child from participating fully and safely. I also give permission for my child to be treated by either medical personnel on scene or at a hospital shall the need arise. I understand that all efforts to contact me will be made. In the event that a parent or guardian cannot be reached, personnel of Madeline's Dance Center, Inc. of Southern Ulster Center for the Arts, LLC shall determine whether medical treatment is necessary. In such event, the parent or guardian authorizes any and all medical treatment to be administered to the child.

\_\_\_\_\_ Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Relationship (Mother / Father / Legal Guardian etc.)

\_\_\_\_\_ Date

\_\_\_\_\_ Emergency Contact Phone # of authorizing person

\_\_\_\_\_ Name and Phone Number of Doctor

**Advertising/Photograph Disclosure** Madeline’s Dance Center, Inc. and Southern Ulster Center for the Arts, LLC often uses photographs and/or recorded videos for advertising purposes and school and community related announcements. In order for us to be able to include you or your child’s picture and/or recorded video, we ask that you fill out the form below and return it to us.

Madeline’s Dance Center, Inc. and Southern Ulster Center for the Arts, LLC will never place you or your child’s name with your or his/her picture on the Internet. Photos and Videos belonging to the school should not be posted on social Internet sites without the written consent of the director.

I \_\_\_\_\_, hereby grant permission for (Your name – please print) Madeline’s Dance Center, Inc. and Southern Ulster Center for the Arts, LLC to use my or my child’s picture and/or recorded video for advertising purposes and/or school and community related announcements. By signing this document, I am agreeing to hold Madeline Bartolotti, individually and on behalf of Madeline’s Dance Center, Inc., Southern Ulster Center for the Arts, LLC and Southern Ulster Performing Arts Company harmless for use of the photograph(s) and/or videos for advertising purposes. I freely grant permission and consent for the above –referenced individual and entities to use the photographs of my child for advertising purposes, with no expectation of remuneration. By signing this waiver, I expressly waive any and all claims against the above-referenced individual and entities for a violation of a right of privacy or to seek an injunction or damages under Civil Rights Law § 50 and § 51.

\_\_\_\_\_ (Child’s name -Please print)

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

<i>For Office Use Only</i>
Date: _____ Form Complete _____
Initials: _____