Art In Motion Dance Studio LLC | 2018-2019 Registration Form



Name of Student	DC	DB Age
Name of Class	Day	Time
Name of Class	Day	Time
Name of Class	Day	Time
Name of Class	Day	Time
Name of Class	Day	Time
List any pertinent medical history that we	e need to be aware of:	
(List, additional, cla	sses for family members on back of form. Inclua	e their D.O.B. , Age & pertinent medical history
*Name of Parents/Guardians		
Contact # ()	Contact # ()	
Email Address:		
*Responsible for Payments:		
Address		
Contact # ()		
mail Address:		
Please list phone #'s & Emails that you chec	sk frequently. We also use this info to deliv	er newsletters and undated information
, the guardian of student(s) listed to partici all claims against Art in Motion Dance Stud person transporting my child to the doctor,	pate in dance during the current session. I io LLC, its owner, its instructors, and its en	n case of any type of injury, I hereby wai
agree to pay a non-refundable family regis required. I understand I will not receive full student registered above decides to discont	or partial refund for paid tuition if my stud	lent discontinues classes. In the event th
understand I will not receive any costume ines and policies, and agree to abide by, an	refunds after November 17, 2018. I have rond and ensure all listed on this form adhere to,	
	Date	
Signature		
Signature		
Signature Parent/Guardian Registration Fee \$30		Total # of Classes:
Signature Parent/Guardian	Γ	Total # of Classes:
Signature Parent/Guardian Registration Fee \$30	Γ	Total # of Classes: Nonthly Tuition \$