

ART IN MOTION DANCE STUDIO
REGISTRATION FORM
WEBSITE WWW.ARTINMOTION.STUDIO

STUDENT INFORMATION

NAME _____ DOB _____ AGE _____

CLASS _____ DAY _____ TIME _____

CLASS _____ DAY _____ TIME _____

CLASS _____ DAY _____ TIME _____

PERTINENT MEDICAL HISTORY _____

PERSON RESPONSIBLE FOR PAYMENTS _____

CELL# _____ HOME# (IF DIFFERENT) _____

EMAIL ADDRESS _____

ADDRESS _____

CITY _____ ZIP CODE _____

NAME OF GUARDIAN (IF DIFFERENT FROM PARENT) _____

CELL# _____ EMAIL ADDRESS _____

LIST PHONE #'S AND EMAIL YOU CHECK FREQUENTLY. WE WILL USE THIS INFO TO CREATE A PARENT PORTAL WHERE YOU WILL RECEIVE NEWSLETTERS, TEXT MESSAGES AND EMAILS. TUITION IS DUE THE 1ST OF THE MONTH. \$5 LATE FEE WILL APPLY AFTER THE 1ST. YOU CAN MAKE PAYMENTS THROUGH YOUR PARENT PORTAL OR AT THE STUDIO. WE ACCEPT ALL FORMS OF PAYMENT. I am the guardian/parent of the student(s) listed to participate in dance during the _____ season. In case of injury, I hereby waive all claims against Art in Motion Dance Studio, the owner and it's employees. I release from responsibility any person transporting my child to a medical facility if we deem necessary. I understand the registration fee is non-refundable. I understand that classes may change or be rescheduled if required. I understand if my child drops at any time, I will not receive full or partial reimbursement of tuition for that said month. I understand once recital costumes are purchased there are no refunds after December 1.

Print Parent/Guardian _____ Date _____

Signature _____ Are you Military or First Responder? _____

Registration fee per family \$25 _____ Monthly Tuition \$ _____ Total Family Classes _____

Payment: Cash _____ Check # _____ Credit Card _____ Parent Portal _____ Total Payment\$ _____

How did you hear about us? Social Media _____ Friend _____ Google _____

If referred, who referred you? _____