

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

P.O. Box 495, Grovetown, GA 30813

support@artinmotion.studio | (706) 951-7312

*First Student*

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Check Session Attending    1 \_\_\_\_\_    2 \_\_\_\_\_    3 \_\_\_\_\_    4 \_\_\_\_\_

List any pertinent medical history that we need to be aware of: \_\_\_\_\_

*(List, additional, classes for family members on back of form. Include their D.O.B. , Age & pertinent medical history)**Second Student*

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Check Session Attending    1 \_\_\_\_\_    2 \_\_\_\_\_    3 \_\_\_\_\_    4 \_\_\_\_\_

List any pertinent medical history that we need to be aware of: \_\_\_\_\_

*(List, additional, classes for family members on back of form. Include their D.O.B. , Age & pertinent medical history)*

\*Name of Parent/Guardian: \_\_\_\_\_

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

Cell # (    ) \_\_\_\_\_ Work # (    ) \_\_\_\_\_ Home # (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

I, the guardian of student(s) listed, hereby waive all claims against Art in Motion Dance Studio, LLC, its owner, and its employees, from any type of injury my child may incur. I release any person transporting my child to a doctor or hospital in case of an emergency.

I agree to pay a 25% of the total cost of this registration's tuition as a non-refundable deposit, another 25% no later than May 18th, 2019, and the remaining 50% no later than June 22nd, 2019.

I understand if my child exhibits disruptive or dis-respective behavior Art in Motion reserves the right to dismiss the student. All students will be given three warnings before a dismissal occurs. I agree to abide by the guidelines and policies set forth herein by Art In Motion Dance Studio, LLC.

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

Session 1 and 2:

Early Bird (Now - May 1st, 2019):    \$125 per child, \$100 per sibling  
After May 1st, 2019:    \$145 per child, \$120 per sibling

## TOTAL # OF SESSIONS

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Session 3:

Early Bird:    \$140 per child, \$100 per sibling  
After May 1st, 2019:    \$160 per child, \$125 per sibling

TOTAL \$ \_\_\_\_\_

Session 4:

\$20 per class, or \$115 for season

25% DEPOSIT \$ \_\_\_\_\_

☐ Check # \_\_\_\_\_ ☐ Cash \$ \_\_\_\_\_ ☐ Money Order \$ \_\_\_\_\_

How'd you hear about us? \_\_\_\_\_