



For Office Use Only - Please Print	
Level:	_____
Class:	_____

Registration and fees are accepted in person only. You may reserve a spot via phone /email.

Student's Name : _____ DOB: _____

Address: _____

Parents Name (s): _____ Phone: _____

Emergency Contact: _____ Phone: _____

School: _____ Grade: _____

Allergies: Y / N _____ Email Address: _____

How did you hear about us? _____

For office use only - Please Print

Registration Type:	Single Child : Y / N	Family: Y / N	No. of Children: _____
	Class Rate(s):		
	Regular Classes		Special Classes
Single Class:	\$90	<input type="checkbox"/>	Single Class: \$ _____ <input type="checkbox"/>
(2) Classes:	\$170 (\$10 Savings)	<input type="checkbox"/>	(2) Classes \$ _____ <input type="checkbox"/>
(3) Classes:	\$250 (\$20 Savings)	<input type="checkbox"/>	(3) Classes: \$ _____ <input type="checkbox"/>
(4) Classes:	\$330 (\$30 Savings)	<input type="checkbox"/>	
**** One-third of total fee MUST be paid upon registration. This initial fee is non-refundable. ****			
Registration Information			
Total Fee:	Down Payment:	Balance:	Date:
Payment Type:	Cash _____	Check (#): _____	Credit: _____ Visa / M/C / Other _____
Paid In Full : Y / N	Payment Plan: Y / N	Registered By: Staff _____	Initials _____
**** We accept Cash , Checks , & Credit (\$3 fee) Make checks payable to " Art In Motion, Inc" **** ** A returned check fee of \$25 will apply **			
Photo Release: The parent hereby authorizes the Art In Motion, Inc. to record the aforementioned student's photo and to incorporate these photographs or motion pictures into our website at www.artinmotiononline.org and or in print for purposes of publicity, advertising and sales promotion.			
Please Initial -->		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Parent Release: I understand that my child is taking part in a physical activity and there is the possibility of injury to my child; therefore I grant permission to medical staff to administer immediate treatment to my child should he/she be injured. I also agree to hold harmless Art In Motion, Inc. it's officers, agents, and employees from and against any and all cost, damage, injury, liability, claims or causes of action of every nature whatsoever incurred as a result of my child's participation in dance classes at the Art In Motion, Inc. for the above named students. I understand there are no refunds for early withdrawal and that tuition credits will be granted to students who must withdraw for medical reasons. Customer is responsible for all late fees and collection fees incurred if account is not paid in a timely fashion. The parent hereby authorizes the Art In Motion, Inc. to record the aforementioned student's photo and to incorporate these photographs or motion pictures into our website at www.artinmotiononline.org and or in print for purposes of publicity, advertising and sales promotion.

Parent (Guardian) Signature: _____ Date: _____