



Registration Form

Name of Student _____ DOB _____ Age _____

Classes enrolling in:

Name of class	Day of the week	Time
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1.

2.

3.

4.

Any additional classes

Medical conditions to know about: Ex- asthma, allergic to lavender, epilepsy.

Parent/ Guardian First and Last Name

Phone number (s)

Email Address for studio communication

Person responsible for payment: Full Name, best phone number and email address (if differ from above)

Address _____ City _____ State _____

List of people NOT ALLOWED to pick up your student(s)

In case of injury, I, the guardian/parent of _____, hereby waive all claims against Free Movement Dance Studio, its owner and staff member.

I understand registration and costume fees are non-refundable. I understand classes are subject to change or cancellation when deemed necessary. I understand I will not receive full or partial reimbursement of tuition if my student withdraws from classes. To withdraw from Free Movement Dance Studio, I must contact the owner, Cara Woodward in person, phone or email.

I understand that if payments are due on the 1st of each month. A late fee of \$5 will be issued after the 3rd and \$1 for every day after.

I understand if I chose to pay three months in advance for 10% off that this is a non-refundable payment. (Other discounts are not applied)

Person responsible (print) _____
(sign) _____ Date _____

If you **DO NOT** allow your dancers photo to be used on any social media/advertising please initial _____

For staff

Registration fee \$25 _____

of classes _____

Monthly tuition fee _____

First 3 months in full Yes /NO

Form of payment (circle one) cash card

Active/retired military YES/ No

EMT/Fire fighter/ Police Yes/ No

All Card payments will have an added 3% processing fee added to each transaction.