

Dance Registration Form

To register, please complete form. You may bring form with you to our open house, call in or mail to:
Movements In Motion, 17 Mifflin Ave. Suite 102, Havertown, PA 19083. Phone # 610-853-1468.
One registration form per student. You may photocopy or call for additional forms.

Student's Name _____

Address _____

City/State/Zip _____

Parent's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Birthdate _____ Age _____

Emergency Info (Allergies, illness, etc.) _____

Email Address _____

****Please fill in email address for receiving important updates, reminders, closings and newsletters.****

How did you hear about us? _____

(Referral) Name of person who referred you: _____

Dance Program – Please fill in class information:

Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____

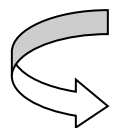
Tuition Payment Options- Please check which you prefer.

_____ **Monthly** (Due 1st of each month - No Discount)
****In 9 Installments (Sept-May)****Automatic Payment Withdrawal****
 ****All tuition payments are non-refundable****
 45 min. class - \$54/month
 1 hr. class - \$59/month

_____ **Quarterly** (Due Sept., Dec., March)
 ****Automatic Payment Withdrawal****
 2% discount
 ****All tuition payments are non-refundable****

_____ **Annually** (Due by Sept. 1st **NO EXCEPTIONS**)
 5% Discount
 ****All tuition payments are non-refundable****
 ****Payment in form of CASH,CHECK, OR MONEY ORDER only****
 (Only available for prior students)

Other Side



The authorization below must be filled out and signed in order to finalize your registration.

Authorization for Automatic Payment

For families choosing to spread their tuition out over the year, we will be setting you up on a convenient automatic payment system. To cancel this installment payment plan if classes are discontinued, you must notify Movements In Motion Dance Studio's office before the 1st of the month. A Drop Class Form must be filled out which can be obtained from the office. If you do not do so, your account will continue to be billed until the end of this agreement or until such written notice is received. If notice is received after the 1st of the month, you are still responsible for that month's tuition.

I authorize Movements In Motion Dance Studio to charge my credit card or my checking account on the 1st of each month or quarter and be applied towards my tuition installment. Monthly Option (These automatic charges will begin October 2017 and the last tuition payment will be processed May 2018) I will be paying for September 2017 along with membership fee the day I sign this form, via check, cash or credit card. I also authorize Movements In Motion Dance Studio to charge my credit card or my checking account for costume deposits/balances, or any other monthly balances including any late fees that I have occurred that I owe.

Checking Account: (Please attach a voided check to this form)

In the event an item is returned (non-sufficient funds), I authorize an additional returned check fee of \$30.00 to be charged to this account.

-OR-

Credit Card Account: (Please circle) Visa MasterCard Discover

Card Holder's Name: _____

Account Number: _____ Exp. Date: _____

3 Digit Security Code: _____ (the three numbers after the account number on the back of card)

Card Holder's Signature: _____

Should my credit card transaction be declined or returned back due to any other reason, I understand that a service charge of \$10.00 will be assessed and billed to me direct. I agree to remit this fee to Movements In Motion Dance Studio upon receipt of invoice. It is my responsibility to provide any updated account information such as expiration dates, new account number, etc.

In the event my credit card transactions are declined or my checks are returned for NSF on a repeated basis, I understand that continued participation in the Automatic Payment Plan may be terminated. If this occurs, I understand that to ensure non-interruption of my child's dance education, I will be required to remit any past due tuition, late fees, as well as the remaining year's tuition. This payment will be non-refundable.

Parent/Guardian Signature: _____ Date: _____

Liability Disclaimer – Movements In Motion is not liable for personal injury or loss of or damage to personal property. We do not carry medical insurance for our students. It is required that students be covered by their own insurance policies.

Photo Release – I understand that photographs of my child and/or her class may be taken for promotion of Movements In Motion. I agree that they may be used, but are not limited to brochures, websites, advertisements, etc.

Please circle which you prefer: I Agree I Disagree

I have read and fully understand all information provided on this Dance Registration form and have received a Dance Handbook.

Parent/Guardian's Signature _____ Date _____

For Office Use Only

Plan Type -	_____ Monthly	_____ Quarterly	_____ Annually
Membership Fee	\$ _____	Total Amount Billed for Sept. _____	
Tuition	\$ _____	Sept. paid by: _____	
Coupon ()	(\$ _____)	Sept paid on: _____	
Gift Certificate ()	(\$ _____)	Total to be Billed Monthly _____	
		Total to be Billed Quarterly _____	
Family/Add't Class Discount	(\$ _____)	Next Payment: _____	