

# ★ ★ ★ MIM DANCE REGISTRATION FORM ★ ★ ★



- ★ **REGISTRATION:** IN ORDER TO REGISTER, THIS FORM MUST BE COMPLETED.
- ★ **ONE REGISTRATION FORM PER STUDENT PLEASE** – YOU MAY PHOTOCOPY OR CALL FOR ADDITIONAL FORMS.
- ★ **PLEASE PRINT AS CLEARLY AS YOU CAN & FILL OUT ALL SECTIONS THAT APPLY** – THANK YOU.
- ★ **YOU ARE MORE THAN WELCOME TO HAND THIS FORM IN- OR MAIL IT IN – OR EMAIL A SCANNED COPY.**
  - ☆ **MOVEMENTS IN MOTION – 17 MIFFLIN AVENUE, SUITE 102 | HAVERTOWN, PA 19083.**
- ★ **ANY QUESTIONS OR CONCERNS – PLEASE CALL US AT (610) 853-1468**

## ★ ★ ★ DANCE STUDENT INFORMATION ★ ★ ★

_____	<input type="checkbox"/> MALE ★ <input type="checkbox"/> FEMALE	_____	___/___/___
STUDENT'S FULL NAME	STUDENTS GENDER	STUDENTS AGE	STUDENTS BIRTHDAY
_____	_____	_____	_____
STUDENT'S HOME/MAILING ADDRESS	CITY	STATE	ZIP CODE
_____			
STUDENT'S EMERGENCY INFORMATION: ILLNESSES, ALLERGIES, ETC.			

## ★ ★ ★ PARENT/GUARDIAN INFORMATION ★ ★ ★

_____	_____
PARENT/GUARDIAN FULL NAME	EMAIL ADDRESS
YOUR EMAIL WILL ONLY BE USED TO RECEIVE IMPORTANT UPDATES, REMINDERS, CLOSINGS & NEWSLETTERS.	
_____	_____
HOME PHONE NUMBER	CELL PHONE NUMBER
_____	_____
HOW DID YOU HEAR ABOUT US?	WERE YOU REFERRED? PLEASE LIST THE STUDENT'S NAME BELOW
<input type="checkbox"/> MIM DANCER   <input type="checkbox"/> MIM STAFF   <input type="checkbox"/> SOCIAL/PRINTED MEDIA	_____
<input type="checkbox"/> OTHER _____	PLEASE PRINT: FULL FIRST/LAST NAME

## ★ ★ ★ PLEASE CHECK OFF & FILL OUT ONLY THAT WHICH APPLIES TO YOU ★ ★ ★

- ★ **DANCE SESSIONS** – PLEASE FILL IN CLASS INFORMATION:

CLASS : SPRING SESSION - \$100.00      DAY :  MON★ TUES★ WED★ THURS ★ FRI★ SAT      TIME: \_\_\_\_: \_\_\_\_  AM  PM  
 CLASS : SPECIAL OFFER PLAN      DAY :  MON★ TUES★ WED★ THURS ★ FRI★ SAT      TIME: \_\_\_\_: \_\_\_\_  AM  PM

<p style="text-align: center; background-color: yellow;"><b>LIABILITY DISCLAIMER</b></p> <ul style="list-style-type: none"> <li>Movements In Motion is not liable for personal injury or loss of or damage to personal property.</li> <li>We do not carry medical insurance for our students.</li> <li>It is required that students be covered by their own insurance policies.</li> </ul>	<p style="text-align: center; background-color: yellow;"><b>PHOTO RELEASE</b></p> <p>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.</p> <p style="text-align: center;">Please <input checked="" type="checkbox"/> which you prefer: <input type="checkbox"/> I AGREE    <input type="checkbox"/> I DISAGREE</p>
<p style="text-align: center; background-color: yellow;"><b>PAYMENTS</b></p> <ul style="list-style-type: none"> <li>A \$30.00 charge will be applied for any checks returned by the bank.</li> <li>There will be NO REFUNDS on classes missed, classes cancelled due to inclement weather or holidays.</li> </ul>	
<p>I have read and fully understand all information provided on this Dance Session Registration form.</p> <p><b>Parent/Guardian Signature:</b> _____      <b>Date:</b> _____</p>	

## ★ ★ ★ FOR OFFICE USE ONLY ★ ★ ★

<p>PAYMENT PLAN:    \$ _____</p> <p>COUPON:            (\$ _____)</p> <p>GIFT CERTIFICATE</p> <p>( _____ ) (\$ _____)</p>	<p style="text-align: center;"><b>PAID BY:</b></p> <p><input type="checkbox"/> CASH \$ _____    <input type="checkbox"/> CHECK # _____</p> <p><input type="checkbox"/> CC AUTH # _____    <input type="checkbox"/> VISA    <input type="checkbox"/> MC    <input type="checkbox"/> DISCOVER</p>
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