

☆☆☆ 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 DURING OPEN HOUSE – OR MAIL IT IN.**
 - ☆ **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 PROGRAM – PLEASE FILL IN CLASS INFORMATION: **TAKING CLASS:** **VIRTUAL** **IN PERSON**

CLASS : _____	DAY : <input type="checkbox"/> MON★ <input type="checkbox"/> TUES★ <input type="checkbox"/> WED★ <input type="checkbox"/> THURS★ <input type="checkbox"/> FRI★ <input type="checkbox"/> SAT	TIME: ____: ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
CLASS : _____	DAY : <input type="checkbox"/> MON★ <input type="checkbox"/> TUES★ <input type="checkbox"/> WED★ <input type="checkbox"/> THURS★ <input type="checkbox"/> FRI★ <input type="checkbox"/> SAT	TIME: ____: ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
CLASS : _____	DAY : <input type="checkbox"/> MON★ <input type="checkbox"/> TUES★ <input type="checkbox"/> WED★ <input type="checkbox"/> THURS★ <input type="checkbox"/> FRI★ <input type="checkbox"/> SAT	TIME: ____: ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
CLASS : _____	DAY : <input type="checkbox"/> MON★ <input type="checkbox"/> TUES★ <input type="checkbox"/> WED★ <input type="checkbox"/> THURS★ <input type="checkbox"/> FRI★ <input type="checkbox"/> SAT	TIME: ____: ____ <input type="checkbox"/> AM <input type="checkbox"/> PM

★ **TUITION PAYMENT OPTIONS** – PLEASE BE SURE TO YOUR PAYMENT PLAN

<input type="checkbox"/> MONTHLY	<ul style="list-style-type: none"> ★ DUE: 1ST OF EACH MONTH ★ NO DISCOUNTS ★ CAN BE APPLIED WITH THIS PAYMENT OPTION ★ 10 INSTALLMENTS {SEPT TO JUNE} **AUTOMATIC PAYMENT WITHDRAWAL** ☆ 45 MIN. CLASS ★ \$54/MONTH ☆ 1 HR. CLASS ★ \$59/MONTH
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<input type="checkbox"/> QUARTERLY	<ul style="list-style-type: none"> ★ DUE: SEPTEMBER ★ DECEMBER ★ MARCH ★ ★ 5% DISCOUNT ★ WILL BE APPLIED WITH THIS PAYMENT OPTION ★ **AUTOMATIC PAYMENT WITHDRAWAL**
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<input type="checkbox"/> ANNUALLY	<p>PLEASE NOTE: **THIS OPTION IS ONLY AVAILABLE FOR PRIOR STUDENTS ONLY**</p> <ul style="list-style-type: none"> ★ DUE: SEPTEMBER 1ST – NO EXCEPTIONS ★ 10% DISCOUNT ★ WILL ONLY BE APPLIED WITH THIS PAYMENT OPTION ★ **IF YOU CHOOSE THIS OPTION, PAYMENT CAN ONLY BE ACCEPTED IN THE FORM OF THE FOLLOWING** ☆ CASH, CHECK, OR MONEY ORDER ONLY
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****DISCLAIMER – ALL TUITION PAYMENTS WITH ANY PAYMENT PLAN ARE NON-REFUNDABLE****

PLEASE INITIAL "THAT YOU UNDERSTAND": _____

★ **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 2020 and the last tuition payment will be processed June 2021) I will be paying for September 2020 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, recital fees, or any other monthly balances including any late fees that I have occurred that I owe.

★ **PLEASE BE SURE TO**

<input type="checkbox"/> CHECKING ACCOUNT	<input type="checkbox"/> CREDIT CARD ACCOUNT
EXACT ADDRESS OF THE CHECKING ACCOUNT - OR - CREDIT CARD ACCOUNT	
STREET ADDRESS: _____ APT/SUITE: _____	
CITY: _____ STATE: _____ ZIP CODE: _____	
<p>**PLEASE ATTACH**</p> <p>A VOIDED CHECK TO THIS FORM</p> <p>NSF DISCLAIMER: 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.</p>	TYPE OF CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER CARD HOLDER'S NAME: _____ CARD NUMBER: _____ EXP. DATE: ____/____/____ 3 DIGIT SEC. CODE: _____ CARD HOLDER'S SIGNATURE: _____ NSF DISCLAIMER: 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 no 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:** _____

<p style="text-align: center;">LIABILITY DISCLAIMER</p> <ul style="list-style-type: none"> 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. 	<p style="text-align: center;">PHOTO RELEASE</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>I have read and fully understand all information provided on this Dance Registration form and have received a Dance Handbook.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>	

★ ★ ★ **FOR OFFICE USE ONLY** ★ ★ ★

PLAN TYPE: <input type="checkbox"/> MONTHLY (NO DISCOUNT) <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY	
MEMBERSHIP FEE: \$ _____ TUITION: \$ _____ COUPON CODE: () (\$ _____) GIFT CERTIFICATE () (\$ _____) FAMILY/ADD'T CLASS DISCOUNT (\$ _____)	TOTAL AMOUNT FOR MONTH OF _____: \$ _____ MONTH OF _____ PAID BY: <input type="checkbox"/> CASH \$ _____ <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CC AUTH # _____ MONTH OF _____ PAID ON: _____ TOTAL TO BE BILLED MONTHLY: \$ _____ TOTAL TO BE BILLED QUARTERLY: \$ _____ NEXT PAYMENT: _____