

→ Please return completed form with registration fee c/o 861 Brighton Road, Tonawanda, NY 14150 ←

For office use only
Reg. Pd. _____
Total Hrs / Week _____

modernmovement
DANCE STUDIO · TONAWANDA
REGISTRATION FORM • 2016/2017

STUDENT'S NAME _____ AGE SEPT. 1ST _____
ADDRESS _____ BIRTH DATE _____
CITY _____ ZIP _____ HOME # _____
PARENT/GUARDIAN #1 _____ CELL # _____
PARENT/GUARDIAN #2 _____ CELL # _____
PREFERRED E-MAIL _____ Do you prefer to be reached by EMAIL or PHONE? (circle)

PLEASE CHECK THE CLASSES YOU ARE REQUESTING:

TINY TOT COMBO for ages 2 & 3: Thursdays, 5:45 – 6:30 p.m. _____ Saturdays, 10:15 – 11 a.m. _____
TINY TOT COMBO for ages 3 & 4: Mondays, 4 - 4:45 p.m. _____ Wednesdays, 5 – 5:45 p.m. _____
Thursdays, 5:30 – 6:15 p.m. _____ Saturdays, 9:15 - 10 a.m. _____
COMBOS for ages 5 & 6: Tap / Jazz _____ Tap / Pre-Ballet _____ Pre-Ballet / Tap / Jazz _____
(Mondays 4:45 – 6 p.m.) (Wednesdays 5:45 – 6:45 p.m.) (Saturdays 10 – 11:30 a.m.)

For ages 6 and up:

TAP _____ JAZZ _____ BALLET _____ HIP HOP _____ ACRO _____ MODERN _____ LYRICAL _____

Please refer to our 2016-2017 Class Schedule on our website for class pre-requisites and/or age requirements, or email us with any questions: modernmovements@gmail.com
You will be notified by email of the day and time of the requested class(es). Length of class is determined by class size and student readiness.
The class placement of each student is at the sole discretion of the instructor.

New students: Please list previous dance experience and/or referring family name here:

I/We as Parents/Guardians of _____ (name of student) consent to the enrollment and instruction of said student at Modern Movement Dance Studio, Inc. for the 2016-2017 school year. By signing here I acknowledge that I have received the 2016-2017 Studio Policies and Fee Information handout, reviewed and understand the terms and conditions set forth in same and agree to follow and adhere to all studio and fee payment polices on behalf of the student. I agree to allow student's photograph to be used for advertising purposes, included but not limited to the studio website and flyers.

I understand that the student, in attending Modern Movement Dance Studio, Inc., and using its facilities, does so at their own risk. Modern Movement Dance Studio, Inc. shall not be liable for any damage arising from personal injuries sustained by the student in or about the premises. The student assumes full responsibility for all injuries and damages which may occur in or about the premises and they do hereby fully and forever release and discharge the studio instructors, studio owner, and any other employees from any and all claims, demands, damages, rights of action present or future, resulting from or arising out of the student's use of the studio and/or its facilities. Participation is entirely student's own choice and with the understanding of risk of accidental injury involved in any physical activity and the person hereinafter signing this form on behalf of the student accepts full responsibility for any and all such damage or injury.

LIMITED MEDICAL OR PHYSICAL CONDITIONS:

Please state any recommendations from physicians regarding limitations on physical activities due to medical or other physical causes, or other limitations that you wish upon your child's activities. If there are no limitations, please state "none":

PARENT/GUARDIAN SIGNATURE

DATE

By July 31st - \$25.00 Registration Fee

August 1st and after - \$30.00 Registration Fee

*** Please note that this NON-REFUNDABLE registration fee is per FAMILY and is due with completed registration form ***

Credit Card Auto-Bill Form

If you would like the convenience of automatic recurring billing, please complete and sign this form. There are no additional fees for this service and it is **OPTIONAL**. Please initial each statement and submit form to have all of your tuition charges AUTOMATICALLY charged to your credit card on the 10th of each month.

_____ I understand that the full amount of tuition due on my account will be run on the 10th of every month (September – May), or, if I start my auto-bill after the first month of classes, then the month immediately following its submission.

_____ I am aware that if I'd like a copy of my statement of tuition, I can email the studio and request one.

_____ My account is protected and only the studio owners have access to my information.

_____ If I wish to cancel my auto-bill payments, I must request cancellation in writing.

_____ My auto-bill will be cancelled and my card information deleted if my child drops out of his/her dance class, which I will notify an owner in writing.

_____ Any refunds I am owed will be issued as a check, and not refunded to my credit card.

Auto-Bill Signature _____ Date: _____

**We will keep the following credit card information on file to pay your tuition each month.
Please fill in each blank:**

Name on card: _____

Card Number: _____ Exp: _____ CVV: _____

Type of Card: VISA MC AMEX DISC Amt to be Charged Each Month: \$ _____

Billing Address: _____

City: _____ State: _____ Zip: _____

_____ Please notify me via email each month when my credit card is charged (check if YES)

Email Address: _____

Signature of Cardholder: _____