

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



REGISTRATION FORM • 2018/2019

STUDENT'S NAME _____ AGE OCT. 1ST _____

ADDRESS _____ BIRTH DATE _____

CITY _____ ZIP _____ HOME # _____

PARENT/GUARDIAN #1 _____ CELL # _____

PARENT/GUARDIAN #2 _____ CELL # _____

PREFERRED E-MAIL _____ *All studio updates and newsletters are sent out by EMAIL ONLY.*

PLEASE CHECK THE CLASSES YOUR DANCER IS INTERESTED IN:

TINY TOT COMBO for **ages 2 & 3**: Thursdays, 4:45 – 5:30 p.m. _____

TINY TOT COMBO for **ages 3 & 4**: Tuesdays, 4:45 – 5:30 p.m. _____ Wednesdays, 5:45 – 6:30 p.m. _____
 Thursdays, 5:30 – 6:15 p.m. _____ Saturdays, 9:15 – 10 a.m. _____

BALLET /TAP COMBO for **ages 5 & 6**: Wednesdays, 5:30 – 6:30 p.m. _____ Thursdays, 5:30 – 6:30 p.m. _____

JAZZ /TAP COMBO for **ages 5 & 6**: Thursdays, 5:30 – 6:30 p.m. _____

Saturday 5 & 6 year old classes – Choose 2 or 3 styles of dance to create your own combination! Saturday TAP for **ages 5 & 6**: 10:00 – 10:30 a.m. _____

Saturday JAZZ for **ages 5 & 6**: 10:30 – 11:00 a.m. _____ Saturday BALLET for **ages 5 & 6**: 11:00 – 11:30 a.m. _____

(Tuesday Acro 1 & Acro 2 – CLASSES FULL) ACRO (ages 4 & up) _____ TAP (ages 7 & up) _____ JAZZ (ages 6 & up) _____ HIP HOP (ages 4 & up) _____

BALLET (ages 7 & up) _____ MODERN (ages 10 & up) _____ BEGINNER LYRICAL (ages 7 to 10) _____

Class placement is at the teacher's discretion. Length of class is determined by class size and student readiness.

Please make sure to check the most updated version of our schedule to ensure that the class you are requesting is NOT full.

New students: Please list previous dance experience on other side of application or referring family name.

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 2018-2019 school year. By signing here I acknowledge that I have reviewed the 2018-2019 Studio Policies and Fee Information handout and understand the terms and conditions set forth in same and agree to follow and adhere to all studio and fee payment policies 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**

After June 1st - July 31st - \$25.00 Registration Fee

After August 1st - \$30.00 Registration Fee

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