



Registration Form

Personal Information:

Family Name: _____ Given Name: _____

Address: _____

Home Ph#: _____

Birthdate: (MM-DD-YYYY): _____

Parents/Guardian's name: _____ Work Ph#: _____ Cell #: _____

Parent's/Guardian's name: _____ Work Ph#: _____ Cell #: _____

Parent Email (Billing & Info Emails): _____

Dancer Email (Info Emails): _____

Photographs/Publicity/Website: (please initial each box)

I agree that my child's name and photo may be used for promotional materials and on the AIM website or social media.

Waiver:

I agree that Art in Motion Dance Studio shall not be liable for any accident or injury of whatever nature or sort whether resulting directly or indirectly from any activities on our premises or otherwise regardless of cause unless due to gross negligence on the part of Art in Motion Dance and shall not be liable for any loss or damage whether by theft or otherwise to any articles belonging to any person brought onto our premises.

Refund Policy:

The fees for these classes or non-refundable unless of injury/illness is accompanied by a doctor's note.

Class Withdrawal:

Should the participant withdraw from classes after March 1st, no refund will be given.

NSF Cheques:

There will be a \$42.00 fee for all NSF Cheques.

General & Company Division Classes:

Please refer to the schedule and fill in the class type, day, and time.

Class 1: _____ Hrs: ____ Class 13: _____ Hrs: ____

Class 2: _____ Hrs: ____ Class 14: _____ Hrs: ____

Class 3: _____ Hrs: ____ Class 15: _____ Hrs: ____

Class 4: _____ Hrs: ____ Class 16: _____ Hrs: ____

Class 5: _____ Hrs: ____ Class 17: _____ Hrs: ____

Class 6: _____ Hrs: ____ Class 18: _____ Hrs: ____

Class 7: _____ Hrs: ____ Class 19: _____ Hrs: ____

Class 8: _____ Hrs: ____ Class 20: _____ Hrs: ____

Class 9: _____ Hrs: ____ Class 21: _____ Hrs: ____

Class 10: _____ Hrs: ____ Class 22: _____ Hrs: ____

Class 11: _____ Hrs: ____ Class 23: _____ Hrs: ____

Class 12: _____ Hrs: ____ Class 24: _____ Hrs: ____

Payment Information:Weekly Hours: _____ Family Discount: Yes No

Monthly Fee: \$ _____

Annual Fee: (*x 9 mths*): \$ _____ GST: \$ _____ **Total Annual Fees: \$ _____****Registration Fee: \$ _____** *\$20.00 (with GST \$21.00)*Method: Cash EMT Cheque - # _____ Credit Card – App # _____**Insurance Fee: \$ _____** *\$45.00 (with GST \$47.25)*Method: Cash EMT Cheque - # _____ Credit Card – App # _____**Photo/Year End Digital File Fee: \$ _____** *\$50.00 (with GST \$52.50)*Method: Cash EMT Cheque - # _____ Credit Card – App # _____**Admin Fee: \$ _____** *\$20.00 (with GST \$21.00)*Method: Cash EMT Cheque - # _____ Credit Card – App # _____**Payment Options:** 1 - Full Payment: _____Method: Cash EMT Cheque - # _____ Credit Card – App # _____ 2 - 3 Post-Dated Cheques: (dated for the Sep 1st, Nov 1st, and Jan 1st)

Amount of payments: \$ _____

Check numbers: Sep # _____ Nov # _____ Jan # _____

 3 & 3 – 9-12 Post-Dated Cheques: (dated for the 1st of each month Jul/Jul/Aug/Sep through May)

Amount of payments: \$ _____

Check numbers: Jun # _____ Jul # _____ Aug # _____

Sep # _____ Oct # _____ Nov # _____

Dec # _____ Jan # _____ Feb # _____

Mar # _____ Apr # _____ May # _____

Deposits/Fees:**General Division:**Costume Payment: #of pieces: _____ at \$94.50 = \$ _____ - Ck# _____ (post-dated for Nov 15th)**Company Division:**Costume Deposit: #of pieces: _____ at \$105.00 = \$ _____ - Ck# _____ (post-dated for Nov 15th)JR Group Choreo Fees: #of pieces: _____ at \$100.00 = \$ _____ - Ck# _____ (post-dated for Aug 1st)ADV JR Group Choreo Fees: #of pieces: _____ at \$150.00 = \$ _____ - Ck# _____ (post-dated for Aug 1st)INT/SR Group Choreo Fees: #of pieces: _____ at \$150.00 = \$ _____ - Ck# _____ (post-dated for Aug 1st)

CAP Choreo Fee is \$1500.00