



Registration Form – PARENT & TOT

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 are non-refundable unless an injury/illness is accompanied by a doctor's note.

NSF Cheques:

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

COST: (\$125 per session plus GST)

Session One: September 24 – November 26, 2024 – 10 sessions

Session Two: January 7 – March 11, 2025 – 10 sessions

Payment Information:

of Sessions: _____

Total Fees: \$ _____

Registration Fee: \$ _____ \$20.00 (with GST \$21.00)

Insurance Fee: \$ _____ \$45.00 (with GST \$47.25)

Payment Options:

1 - Full Payment: _____

2 - 3 Equal Payments: (dated for the Sep 1st, Oct 1 and Nov 1st and Jan 1st, Feb 1st, Mar 1st) \$ _____

Payment Method: Cash EMT PAP Cheque - # _____, # _____, # _____