



2017-2018

Class Registration Form

237 E. Main St., El Cajon, CA 92020

(619) 579-6197

**STUDENT INFORMATION**

(ONE FORM PER STUDENT, PLEASE WRITE CLEARLY)

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

FIRST

LAST

Home Address \_\_\_\_\_

CITY

ZIP

Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Student Cell ( ) \_\_\_\_\_ - \_\_\_\_\_ Parent Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

Parent's E-mail: 1. \_\_\_\_\_  
(Both Please)

2. \_\_\_\_\_

Years of Training or Special Skills:  
\_\_\_\_\_

How did you hear about Arts In Motion? \_\_\_\_\_

School Student Attends \_\_\_\_\_ Grade \_\_\_\_\_

**BOTTOM PORTION FOR OFFICE USE ONLY:**

CLASS DAY/TIME

CLASS DESCRIPTION

TEACHER

CLASS DAY/TIME	CLASS DESCRIPTION	TEACHER

**OFFICE NOTES:**

Total Monthly Tuition: \$ \_\_\_\_\_

Registration Fees: \$ \_\_\_\_\_

Costume Deposit: \$ \_\_\_\_\_

Total Payment Attached: \$ \_\_\_\_\_

**PARENT INFORMATION**

Father's Full Name \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

**CHILD RELEASE AUTHORIZATION**

Persons **AUTHORIZED** to pick up child from the studio:

Name	Relationship
_____	_____
_____	_____

Persons **UNAUTHORIZED** to pick up child from the studio:

Name	Relationship
_____	_____
_____	_____

**PARENT'S AUTHORIZATION/WAIVER**

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in the Arts In Motion Arts and its programs. The minor is physically able and mentally prepared to participate in all activities associated with Arts In Motion and its programs. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities at Arts In Motion and its programs. I do hereby authorize the Arts In Motion as agent for the undersigned, to consent with respect to the minor to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under general or special supervisions of the California Medical Practice Act of the medical staff of any hospital whether such diagnosis or treatment rendered at the office of the physician or at the hospital. I understand that the Arts In Motion is not responsible for costs incurred for medical care. If I participate in the Arts In Motion programs, whether as an instructor, aide, spectator or participant, I presently waive as to the Arts In Motion and staff, officers and directors thereof, any claim presently known or unknown for damage to property or personal injury whether caused by equipment or the acts or omissions of others including Arts In Motion personnel.

\_\_\_\_\_  
**Parent/ Guardian Signature**

\_\_\_\_\_  
**Date**

**EMERGENCY INFORMATION**

Authorized persons, other than parents, to be called in case of an emergency:

Name	Phone #	Relationship
_____	_____	_____
_____	_____	_____

**INFORMATION REQUIRED BY STATE LAW**

HEALTH INSURANCE CO.: \_\_\_\_\_

Policy Number: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

PLEASE SPECIFY ANY PHYSICAL/MEDICAL CONDITIONS:

Operations, serious injuries, diseases:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE SPECIFY ANY PHYSICAL ACTIVITIES YOUR CHILD SHOULD BE RESTRICTED FROM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME AND PURPOSE OF MEDICATION(S) TAKEN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is the responsibility of the Parent(s) or Guardian(s) to inform the studio, as well as the instructor, of any illness or injury that should limit their child's participation in specific physical activity.

- Arts In Motion assumes no responsibility for loss or theft of personal belongings or holdings.
- Monthly payments are due on the first of the month. If your monthly tuition has not been paid in full by the 15<sup>th</sup> of the month, a \$15.00 late fee will be added to your account. **Statements are only sent to delinquent accounts.** A \$15.00 late fee will be added to each month's tuition for a balance that is left unpaid. If your child is ill or is going to be out of town, be sure to mail in your tuition to avoid a late fee and hold your child's place in class. Checks can be placed in the tuition box near the office door.
- Some months have 5 dance classes, some 4 and some 3 (due to holidays). Tuition is calculated based on the entire school year and you will be charged the same amount each month.
- Any returned checks will have the associated bank charge added to your monthly tuition.

**I HAVE READ AND RECEIVED THE POLICIES, FEES AND STUDIO RULES, AND AGREE TO ABIDE BY THE POLICIES AS WRITTEN:**

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**Parent/ Guardian Signature**

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**Date**

