



Dynamic Movements

School of Performing Arts, Inc.

Student Information

Where did you find out about Dynamic Movements?

- Newspaper Ad, which newspaper? _____
- Website _____
- Referral From _____
- Other _____

Name of student _____ Birth Day _____ Age _____

If under 18, please list parents names or name of legal guardian for the student? _____

Home Address _____ City _____ Zip _____

Phone (Home) _____ (Cell) _____

E-mail Address _____

____ I am currently enrolled at Dynamic Movements and my information has not changed

Have you taken dance/fitness classes before? _____ If yes, Where? _____ How long? _____

What is your t-shirt size (for recital t-shirt)? _____ What is your trophy year? _____ (How many recitals)

Class (Ex: ballet, tap, jazz/hip hop, gymnastics, contemporary)	Day	Time	Class # (Ex: 12A)	Room #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Registration Fee(s)	\$ _____	Costume(s) with tights	\$ _____
September Tuition	\$ _____	Costume(s) with no tights	\$ _____
Tuition Oct-Feb	\$ _____	Recital Fee(s)	\$ _____
Tuition March-June	\$ _____	Total Cost of Recital	\$ _____/5
		Installment Rate (Oct-Feb)	\$ _____
Total Paid:	\$ _____	Date:	_____

Staff Initial _____ Check #: _____ Visa _____ MC _____ Cash _____

I hereby acknowledge and accept responsibility for payment of all charges listed above.

Parent Signature _____

By executing this Waiver, I hereby certify that I am physically able to Participate in all dance related classes at Dynamic Movements school of Performing Arts, Inc. (DMSPA) and that I do not have any illness, disability, or injury that would, in any way, limit same. I further certify that I have consulted with a physician regarding any illness, disability, or injury which I am aware of and have been cleared to participate fully, and without limitations, except as set forth below. I agree that I am fully responsible for any injury which may occur as a result of any illness, disability, or injury which I have and waive any claim for such injury against DMSPA.

Further, I hereby certify that the classes at DMSPA involve physical activity in which injury can occur. I hereby assume the risk of same and waive any claim for damages or injury which may occur from said activity against DMSPA.

I hereby agree to follow all staff instructions, rules, and guidelines in the use of the facilities and equipment.

Illness, disability, condition:

Limitations:

Student/Parent Printed Name: _____

Student/Parent Signature: _____

Dynamic Movements School of Performing Arts, Inc
By Kristen Holland-Burgess, President of Corporation

Tuition/Registration Contract 2015-2016
Weekly Class Registration.

Withdraw from classes: (Please initial on the lines provided)

- Students must give a 30 day notice either verbal or written to the owner, Kristen Holland-Burgess or office manager Lacey Klose. _____
- Any and all fees due within these 30 days will still be paid to the studio. _____

Missed Classes/Make Up Classes:

- Tuition is based on four lessons a month. Students are given the opportunity to make up classes in other regular scheduled classes during months including holidays resulting in less than four lessons a month. If the month includes five lessons for the month, then the fifth lesson will be counted as a make up for June. Full tuition will be due for June. _____
- Dynamic Movements will close for the following holidays: Labor Day, Halloween, Thanksgiving, Christmas, New Years, Spring Break and Memorial Day. _____
- Neither discounts nor refunds will be given for missed classes. Students who miss class due to illness or injury may also make up classes in other regularly scheduled classes. _____

Monthly Tuition:

- Tuition is due by the first of the month from September 2015-June 2016. A late fee of \$5 will be charged to your account on the 5th and 10th of the month. Students will not be able to attend classes if the fee is not paid by the 20th of the month.

- Late fees will not be waived/discounted. _____

Recital Fees and Costume Fees:New Policy****

- June Recital fees are \$100 per student and include 1 trophy, 1 t-shirt, 1 program book, 2 recital tickets, and 1 dressing room access wrist band. June Recital costumes are \$85 per class. These fees must be paid in full at the time of registration, or broken up into 5 monthly installments from October-February. Please understand June Recital Fees are NON-REFUNDABLE.

Christmas Recital:

- Christmas Recital is optional and fees will be due upon sign up. _____
- Please keep in mind that the Christmas Recital fees are not included in your 5 monthly installments. _____
- Christmas Recital fees are non-refundable. _____

Attendance Policy:

- Dynamic Movements implements an attendance policy January-June. Students may not miss more than 5 classes from January 1st through the scheduled recital date. No refunds will be given to students who do not participate in the June Recital due to missed classes. _____

Dynamic Movements will not release a child 10 or under from classes without an adult present inside the building. Younger students should be dropped off inside the waiting area and not in the parking lot. Students may not be dropped off any earlier than 20 minutes before their scheduled class time and must be picked up within 20 minutes after the end of class. Students of all ages are expected to stay in the building until an authorized adult picks them up. Written permission must be given to the staff of Dynamic Movements if your child is allowed to leave the premises for any reason. Please list the persons, other than yourself, allowed to pick up your student.

1. _____, 2. _____

I hereby acknowledge and accept responsibility for payment of all charges incurred with the above named company. It is understood that this responsibility extends to the total charges without regard to possible credits. If payment for such services is not made when due, the undersigned agrees to pay all costs of collecting the bill, including reasonable attorney's fee as part of collection. I have read and fully understand the meaning and consequences of the above statement.

Student/Parent Printed Name _____ Date _____

Student/Parent Signature _____ Date _____