

		Where did you find out about Dynamic Movements?			
) vnamic?	Movements	☐ Newspaper Ad, which one?			
√		☐ Webs	site		
	f Performing Arts, Inc. Nformation				
Student II	IIOITTIALIOIT				
lame of student				Age	
	parents names or name of le				
hone (Home)	(Cell)		(Other)	
	gn up for text alerts such as stu				
	fitness classes before?Yes				
	e (for recital t-shirt)?				
•	`		•	`	,
		Davis	T:	Olaca II	D
i would like to eni (Ex: Ballet A ag	roll in the following class(es):	Day <i>Monday</i>	Time <i>7:00-7:45</i>	Class # #122	Room # <i>5</i>)
(=/ = a et / a.g		e.r.uuy			9)
		-		-	
	nroll in the reoccurring credi		-	y tuition.	
-	ay for my recital fees in full a	_			
☐ I would like to p	ay for my recital fees in insta	llments with my month	ly tuition Oct	ober-February.	
Registration Fee(s):	\$	Costume(s) with	tights:	\$	
September Tuition:	\$	• •	Costume(s) without tights:		
Tuition Oct-Feb:	\$	Recital Fee(s):	` '		
Fuition March-June:	\$	Total Cost of Rec	rital:	\$ \$	
Retail:	\$ \$	Installment Rate		\$	
retaii.		mstamment nate	•	Ÿ	
Total Paid:	\$	Date:		Staff Initial:	
Check #:	νVISA	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 in use of the facilities and equipmen Illness, disability, condition:	nstructions, rules, and guidelines in the late.
Limitations:	
Student/Parent Printed Name: Student/Parent Signature:	

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

<u>Tuition/Registration Contract</u> <u>Weekly Class Registration</u>

Withdraw from	المحمدة	/Dlagge	initial	n tha li	naa nravid	~4/
withdraw from	ciasses:	(Please	initiai o	n the II	nes brovia	eai

• S	tudents must give a withdraw notice either verbal or written to the owner, Kristen Holland-B	urgess or office manager Lacev
	lose, 30 days prior to the students last day of class.	angus an amus mamager _acc,
	arents are responsible for any and all fees due within these 30 days	
	asses/Make Up Classes:	
so Ju	uition is based on 10 installments for the season. Students are given the opportunity to make cheduled classes during months including holidays resulting in less than four lessons a more une.	nth. Full tuition will be due for
	ynamic Movements will close for the following holidays: Labor Day, Halloween, Thanksgivir reak and Memorial Day	ng, Christmas, New Years, Spring
th	either discounts nor refunds will be given for missed classes. Students may log into ZOOM rough virtual platform. Students who miss class due to illness or injury may also make up cocheduled classes	
Monthly T	uition:	
of	uition is due by the first of the month from September-June. A late fee will be charged to yo f the month. Students will not be able to attend classes if the fee is not paid by the 20th of the	
	ate fees will not be waived/discounted es and Costume Fees:	
• Ju	une Recital fees are \$100 per student and include 1 trophy, 1 t-shirt, 1 program book, and 1 and. These fees do not include any tickets. June Recital costume fees are \$85 for combo costumes will be \$95 per class. These fees must be paid in full at the time of registration or restallments from October-February. Please understand June Recital Fees are NON-REFUN	classes ages 3-4 and 4-5. All other may be broken up into 5 monthly
Holiday R		
• T	he Holiday Recital is optional, and fees will be due upon sign up	
• P	lease keep in mind that the Holiday Recital fees are not included in your 5 monthly installment	ents
• fe	ees are non-refundable	
Covid Pol	<u>icy:</u>	
•	have read and agree to Dynamic Movements Covid policies and procedures	
Photo Pol	<u>icy:</u>	
• I	give permission for any photos of my child taken during any DM class or event to be shared	I for marketing purposes
	ng Automatic Payments:	
	ny parent signing up for reoccurring automatic payments agree to pay a one-time \$20 proce	•
	Il reoccurring monthly tuition payments will be processed on the last Tuesday of each mont	
All dancers to begin. S given to the	Movements will not release a child 10 or under from classes without an adult present outside is should wait outside of their designated door upon arrival. Your instructor will meet you at the students of all ages are expected to stay in the building until an authorized adult picks them a staff of Dynamic Movements if your child is allowed to leave the premises for any reason. elf, allowed to pick up your student.	he door when it is time for class up. Written permission must be
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that this re due, the ur	cknowledge and accept responsibility for payment of all charges incurred with the above na sponsibility extends to the total charges without regard to possible credits. If payment for sundersigned agrees to pay all costs of collecting the bill, including reasonable attorney's fee anderstand the meaning and consequences of the above statement.	med company. It is understood uch services is not made when
Stud	dent/Parent Printed Name	_ Date
Stud	dent/Parent Signature	_ Date