



Where did you find out about Dynamic Movements?

- Newspaper Ad, which one? \_\_\_\_\_
- Website \_\_\_\_\_
- Referral From \_\_\_\_\_
- Other: \_\_\_\_\_

Name of student \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_  
 If under 18, please list parents' names or names of legal guardian for the student \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Email Address (1) \_\_\_\_\_ (2) \_\_\_\_\_

Have you taken dance/fitness classes before? \_\_ Yes (Where/How Long? \_\_\_\_\_) \_\_ No

What is your t-shirt size (for recital t-shirt)? \_\_\_\_\_ What is your trophy year? \_\_\_\_\_ (how many recitals with DM)?

I would like to enroll in the following class(es):

*Example: #2 Ballet Ages 6-8, Dalia*

- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_

Registration Fee: \$ \$25  
 Recital Fee: \$ \$150  
 Monthly Tuition: \$ \_\_\_\_\_  
 Retail: \$ \_\_\_\_\_

Costume Fees will be invoiced on January 1<sup>st</sup> and will be due in full by February 5th.

Total Costume Fees Due 2/5: \$ \_\_\_\_\_

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:

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Limitations:

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Student/Parent Printed Name: \_\_\_\_\_

Student/Parent Signature: \_\_\_\_\_

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

# Tuition/Registration Contract Weekly Class Registration.

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

- Students must give a withdrawal notice either verbal or written to the owner, Kristen Holland-Burgess or assistant director Lacey Klose, 30 days prior to the students' last day of class. \_\_\_\_\_
- Parents are responsible for any and all fees due within these 30 days. \_\_\_\_\_

## Missed Classes/Make Up Classes:

- Tuition is based on 10 installments for the season. Neither discounts nor refunds will be given for missed classes. Students who miss class due to illness or injury may make up classes in other regularly scheduled classes. \_\_\_\_\_
- Dynamic Movements will close for the following holidays: Labor Day, Halloween, Thanksgiving, Christmas, New Years, Spring Break and Memorial Day. \_\_\_\_\_

## Monthly Tuition:

- Tuition is due on the first of the month from September-June. A late fee will be charged to your account on the 5<sup>th</sup> and the 10<sup>th</sup> of the month. Students will not be able to attend classes if the fee is not paid by the 20<sup>th</sup> of the month. \_\_\_\_\_
- Late fees will not be waived/discounted. \_\_\_\_\_

## Recital Fees and Costume Fees:

- June Recital fees are \$150 per student and include 1 trophy, 1 t-shirt, 1 program book, and 1 dressing room access wristband. These fees **do not** include any tickets. June Recital Fees are NON-REFUNDABLE and are due in full at the time of registration. \_\_\_\_\_
- June Recital Packets will be available for pickup in early June. Packets will be distributed to all accounts whose fees for the 2026-27 season have been paid. Any account with a 2026-27 balance will not be able to pick up their packets until the balance is paid. \_\_\_\_\_
- Costume Fees are \$95 per class. These fees will be invoiced in full on January 1<sup>st</sup> and will be due in full by February 5<sup>th</sup>. June Recital Costumes are NON-REFUNDABLE. \_\_\_\_\_
- In order to pay our videographer for the weekend, all families participating in the June Recital will be billed for our digital media fee. This will give all participants access to our gallery to download and share all videos from the recital. These fees are mandatory for all participating families and will be invoiced at the end of the season. \_\_\_\_\_

## Photo Policy:

- I give permission for any photos of my child taken during any DM class or event to be shared for marketing purposes. \_\_\_\_\_

Dynamic Movements will not release a child 10 or under from classes without an adult present outside of the designated drop-off door. Your instructor will meet you at the door when it is time for class to begin. 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 \_\_\_\_\_