

**Artists In Motion Dance Studio
Registration Form
600 Kresson Road
Cherry Hill, NJ 08034
(856)427-0100**

Please remit all correspondence to Jennifer Yurko 44 Burgundy Drive, Marlton, NJ 08053

Student's Name _____ **Birthday** _____ **Age** _____

Home Address _____ **City** _____ **Zip** _____

Home Phone _____

Mom's Name _____ **Dad's Name** _____

Mom's Cell/Work number _____ **Dad's Cell/Work number** _____

Email (for communication only) _____

Class(es) Desired _____

Please read and initial

I Do _____ Do Not _____ Give permission for my child's photograph to be used for promotions and/or on our website.

Artists in Motion Dance Studio (AMDS) tuition rates are based on enrolling for 35 weeks of instruction, September 14, 2009 to June 11, 2010. There is a \$30 annual registration fee per family. Annual tuition is due at registration. Quarterly payments are due at registration, 11/2/09, 1/4/10, and 3/1/10. Monthly tuition is due at the first class of each month. AMDS assesses a \$15 late fee per week to any account not paid by the due date. Checks returned as non-paid are assessed a \$30 returned check fee, in addition to the late fee. This allows us to meet our monthly financial obligations in a timely manner. Regular enrolled students with up to date finances may take make-up classes. In order to preserve the integrity of our class levels, students are allowed to do make-ups in a class of equal level, and with prior permission only. We are sorry, but tuition is non-refundable and non-transferrable. In the event of a medical disability, we will prorate tuition in accordance to when the refund is requested and with valid physician documentation only.

Waiver and release: (Student) _____ has my permission to attend Artists In Motion Dance Studio. I give my permission for AMDS staff to call the person listed above and an ambulance in the event of an emergency. I recognize the risks of illness and injury inherent in any dance exercise program. Participation in AMDS' program is upon the express agreement and understanding that I am waiving and releasing AMDS from any and all claims, costs, liabilities, expenses, judgements including attorney's fees and court costs (herein collectively "Claims") arising out of participation in AMDS' instructional programs, concert and/or rehearsal participation and any and all participation in any event or program given or sponsored by AMDS or any illness or injury resulting there from. I, hereby, further agree to indemnify and hold harmless the AMDS from and against any and all such claims. See AMDS Handbook or website for complete information on School Rules, Tuition Policies, and Dress Codes.

Please initial:

_____ I have read and understand the AMDS Tuition Policy, and agree to follow it.

_____ I have read and understand the AMDS School Rules, and agree to follow them.

_____ I have read and understand the AMDS Dress Code, and agree to follow it.

Date _____ **Signed** _____