

We do not have electronic registration; however, you may fill out, print or screenshot and email to [brenda@dancelubbock.com](mailto:brenda@dancelubbock.com)  
Once received, Brenda will contact you to make payment for registration. Thank you.

**ARTISTS IN MOTION DANCE STUDIO** 4622 34<sup>th</sup> St., Ste. A, Lubbock, TX 79410 (806) 795-0108  
Website: [www.dancelubbock.com](http://www.dancelubbock.com) Facebook: @dancelubbock Instagram: @aim.dancestudio

PLEASE FILL IN ALL THE BLANKS and return by mail or in person to: Artists In Motion, 4622 34<sup>th</sup> St., Ste. A, Lubbock, TX 79410. **CLASSES START SEPTEMBER 6, 2022.** Along with this form your registration fee of **\$35.00 (individual)** or **\$60.00 (family)** and **first month tuition** must be enclosed. Once the form is received with payment, we will contact you as to class times. Tuition is due on the first class of each month and late after the 5th. No pro-rating will be allowed for any classes. Monthly tuition is due regardless of absences and/or holidays. After the 5<sup>th</sup> a late fee of \$35.00 will be added unless prior arrangements made.

STUDENT'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOM'S: \_\_\_\_\_ DAD'S: \_\_\_\_\_

STUDENT'S AGE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PLEASE CHECK TYPE OF CLASS DESIRED:

- |  |   |
|--|---|
| <input type="checkbox"/> Creative Movement (Tap, Ballet & Tumbling 2½ to 4 yrs.) 1 hr. | <input type="checkbox"/> Contemporary   |
| <input type="checkbox"/> Combination (Tap, Ballet & Tumbling 4 to 6 yrs old) 1 hr.     | <input type="checkbox"/> Jr. Company <input type="checkbox"/> Private - \$100.00        |
| <input type="checkbox"/> Pre Ballet, Tap & Jazz 30/30/30 combo (6 to 8 yrs) 1.5 hrs.   | <input type="checkbox"/> Mini Company <input type="checkbox"/> Semi-Private - \$50.00   |
| <input type="checkbox"/> Tap   | <input type="checkbox"/> Hip Hop  |
| <input type="checkbox"/> Ballet  | <input type="checkbox"/> Musical Theatre <input type="checkbox"/> Tiny Dancer - \$30.00 |
| <input type="checkbox"/> Jazz  | <input type="checkbox"/> Basic Tumbling   |
| <input type="checkbox"/> Turns & Leaps (Pom Prep)                                      | <input type="checkbox"/> Pom Prep   |

**ONE HOUR COMBO CLASS - \$90.00 (includes costumes)**

**30/30/30 COMBO CLASS - \$120.00 (includes costumes)**

**EACH ADDITIONAL CLASS ½ hr & ¾ hr \$40.00**

**PRIVATE LESSON - \$100.00**

**REGISTRATION FEE - \$35.00 single, \$60 family**

**30 MINUTE CLASS - \$50.00**

**45 MINUTE CLASS - \$65.00**

**EACH ADDITIONAL CLASS 1 hr \$60.00**

**SEMI-PRIVATE LESSON - \$50.00**

**RECITAL FEE - \$35.00 single, \$60 family**

**CREDIT CARD:** Please include a credit card # to be charged if tuition is not paid by the 5<sup>th</sup> of the month. Card will be processed on the 5<sup>th</sup> of the month. Auto-draft is also available upon request. A separate form is needed for auto-draft.

Card Type: \_\_\_\_\_ # \_\_\_\_\_ Exp Date: \_\_\_\_\_

CVV: \_\_\_\_\_ Zip Code for Card: \_\_\_\_\_

**I give AIM permission to charge my credit card on the 5<sup>th</sup> of the month if tuition is unpaid.**

\_\_\_\_\_  
Signature of Card Holder Date: \_\_\_\_\_

#### PERMISSION FORM

I AGREE TO RELEASE ARTISTS IN MOTION DANCE STUDIO AND ALL STAFF OF LIABILITIES IN REGARD TO ACCIDENTS THAT MIGHT BE INCURRED WHILE MY CHILD IS PARTICIPATING IN CLASSES AT ARTISTS IN MOTION DANCE STUDIO. I UNDERSTAND THAT MONTHLY TUITION IS DUE REGARDLESS OF ABSENCES AND/OR HOLIDAYS AND THAT MAKE-UP CLASSES CAN BE TAKEN DUE TO ABSENCES OTHER THAN HOLIDAYS.

**MEDIA WAIVER RELEASE:** Students of Artists In Motion Dance Studio automatically grant permission to Artists In Motion Dance Studio to use their photos and videos for advertising and publicity purposes, inclusive of print advertising, social media postings, educational videos, television, videotaping, or film broadcast in connection with promotional campaigns.

ALLERGIES: \_\_\_\_\_

EMERGENCY CONTACT (name & phone number): \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_