

Art In Motion Dance Studio

Registration Form – 2019/2020

Today's Date: ____/____/____ Month Day Year

DANCER INFORMATION		
FIRST NAME:	LAST NAME:	# OF YEARS AT AIM including 2019-2020:
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	AGE: _____ Birthdate: ____/____/____	SCHOOL: _____ GRADE: _____
STREET ADDRESS: _____ _____ CITY: _____ STATE: _____ ZIP: _____	MOTHER/GUARDIAN CONTACT INFORMATION:	
HOW DID YOU HEAR ABOUT US? Newspaper Ad Performance/Competition Referral Telephone Website Other	FIRST: _____ LAST: _____	
REFERRAL NAME: _____	HOME PHONE: _____ CELL: _____	
HEALTH INSURANCE CARRIER:	E-MAIL: _____	
PRIMARY DOCTOR:	Note: e-mail will be a primary source for communication, including billing, so please include all addresses that you frequently use	
STUDENT E-MAIL (if applicable)	EMPLOYER: _____ WORK PHONE: _____	
DISABILITIES:	EMERGENCY CONTACT: Please list someone <i>other than parents</i> to contact in case of emergency:	
ALLERGIES:	NAME/Relationship _____ PHONE #: _____	
MEDICATIONS:	FATHER/GUARDIAN CONTACT INFORMATION:	
	FIRST: _____ LAST: _____	
	HOME PHONE: _____ CELL: _____	
	E-MAIL: _____	
	Note: e-mail will be a primary source for communication, including billing, so please include all addresses that you frequently use	
	EMPLOYER: _____ WORK PHONE: _____	
Art In Motion Dance Studio will not be held responsible for any accidents, which may occur while my child is taking Dance or Tumbling classes. My signature indicates that I have read and agreed to all of the 2019- 2020 AIM Policies listed on the separate Policies Information Sheet.		
_____ PARENT/GUARDIAN SIGNATURE		_____/_____/2019 DATE

CLASS REGISTRATION

DAY	CLASS	TIME	MONTHLY (ACH)	BI- YEARLY	ENTIRE YEAR <i>(DISCOUNT IS INCLUDED)</i>
ANNUAL REGISTRATION FEE			\$30.00	\$30.00	\$30.00
WOULD YOU WOULD LIKE TO DONATE TO <i>ARTISTS AIMING HIGH FOUNDATION</i> DONATION? (OPTIONAL)					
TOTAL DUE					

MONTHLY ACH PAYMENTS:
 I AUTHORIZE FOR FUNDS TO BE DEDUCTED FROM MY CHECKING ACCOUNT ON THE 1ST BUSINESS DAY OF EACH MONTH UNTIL 05/01/2020. A TWO-WEEK SIGNED CANCELLATION IS REQUIRED IF YOUR CHILD WILL NO LONGER ATTEND AIM CLASSES IN ORDER TO CANCEL THE MONTHLY ACH. THE ACH CANCELLATIONS FORM IS AVAILABLE IN THE OFFICE.

BANK: _____ **ROUTING #:** _____
ACCOUNT #: _____ **AMOUNT TO BE DEDUCTED MONTHLY: \$** _____
SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY: TUITION PAYMENT SCHEDULE MONTHLY BI-YEARLY YEARLY

DATE PAID	AMOUNT PAID	METHOD OF PAYMENT	PAYMENT DESCRIPTION
		CHK #: _____ CASH: _____ CC: _____	BALANCE DUE: