IN MOTION DANCE CENTER REGISTRATION SUMMER 2019

WEEKLY DANCE CLASSES

AGES 2 1/2 - 5

The total tuition must be paid when submitting the completed registration form.

| | Date of Birth | Age |
|--|--|--|
| School | Date of Birth Grade (Fall 2019) (if applicable) | Yrs @ In Motion_ |
| 2nd Student's Name | Date of Birth | Age |
| 2nd Student's Name School | Grade (Fall 2019)(if applicable) | Yrs @ In Motion_ |
| SUMMER D | ANCE CLASSES OFFERED J | ULY 9 - AUGUST 1 |
| 9 | COST \$56.00 - NO REGISTRATION F | <u>EE</u> |
| CLASS O | PTIONS: Please check your class selection | ion(s) below: |
| CREATIVE DANCE (AGES 2 1/2 – 3) | STUDENT NAME: | |
| TUESDAY 5:15-6:00pm | | |
| THURSDAY 4:15-5:00pm | | |
| ALLET/TAP/ACROBATICS (AGES 4 – 5) STUDENT NAME: | | |
| THEODAY A 4 F F 4 F | | |
| TUESDAY 4:15-5:15pm | | |
| | | |
| | | |
| ГHURSDAY 5:00-6:00pm | *********** | ********* |
| THURSDAY 5:00-6:00pm | | |
| THURSDAY 5:00-6:00pm ****************************** | city | Home Phone #zip |
| THURSDAY 5:00-6:00pm ****************************** | city Cell Phone Mother | Home Phone # zip Father |
| THURSDAY 5:00-6:00pm ****************************** | city Cell Phone Mother Employer & Phone# | Home Phone # zip Father May we contact you @ work? |
| THURSDAY 5:00-6:00pm ****************************** | city Cell Phone Mother Employer & Phone# Employer & Phone# | Home Phone # zip Father May we contact you @ work? May we contact you @ work? |
| Home Addressstreet E-Mail Address Mother's Name | city Cell Phone Mother Employer & Phone# Employer & Phone# | Home Phone # zip Father May we contact you @ work? May we contact you @ work? |
| THURSDAY 5:00-6:00pm ****************************** | city Cell Phone Mother Employer & Phone# Employer & Phone# tact: | Home Phone # Home Phone # Father May we contact you @ work? May we contact you @ work? Phone # |
| THURSDAY 5:00-6:00pm ****************************** | city Cell Phone Mother Employer & Phone# Employer & Phone# tact: yes or no If yes, please list | Home Phone # Father May we contact you @ work? May we contact you @ work? Phone # |
| THURSDAY 5:00-6:00pm ****************************** | city Cell Phone Mother Employer & Phone# Employer & Phone# tact: Eyes or no If yes, please list nter? (be specific) | Home Phone # zipFather May we contact you @ work? May we contact you @ work? Phone # |
| THURSDAY 5:00-6:00pm ****************************** | city Cell Phone Mother Employer & Phone# Employer & Phone# tact: If yes, please list eyes or no If yes, please list enter? (be specific) es, camps and events on our web site or in our respectively. | Home Phone # Father May we contact you @ work? May we contact you @ work? Phone # nonthly newsletters. |