

IN MOTION DANCE CENTER 2019-20 REGISTRATION

Fill out one registration form for each student and attach applicable registration fee.

NON-REFUNDABLE REGISTRATION FEES: \$35.00 INDIVIDUAL or \$55.00 PER FAMILY

Class schedules are emailed to parents between 6/24 - 7/31/19

Classes begin August 19, 2019

Student's Name _____ Date of Birth _____ Age (as of Aug. 19, 2019) _____

School _____ Dismissal time of school _____ Grade _____ Yrs @ In Motion _____
(for 2019-20 school year) (for 2019-20 school year)

Check the type of class(es) listed below for which you want this student enrolled. Age restrictions are denoted. The Director will place students according to their age and ability.

___ Ballet (ages 8 - 18)

___ Creative Dance (toilet trained ages 2 $\frac{1}{2}$ - 3)

___ Pointe (**Requires Director's approval**)

___ Ballet/Tap/Acrobatics (ages 4 - 6)

___ Tap (ages 8 - 18)

___ Ballet/Tap/Jazz (ages 6 - 8)

___ Jazz (ages 8 - 18)

___ ****Level 1: Ballet/Tap/Jazz/Hip Hop (ages 7 - 9)**
(Requires Director's Approval)

___ Hip Hop (ages 7 - 18)

___ Tumbling (ages 6 - 18)

___ Modern/Lyrical (ages 8 - 18)

For those taking Ballet/Tap/Jazz or Level 1, Level 2 & Level 3 dancers

___ Boys' Hip Hop & Tumbling (ages K - 5th Grade)

NEW CLASS OPTION / KIDS FITNESS CLASS:

___ **Better Bodies Workout (ages 8 - 18)**

Fall schedule of class times and days will be based upon the information you list below. Class placement is on a "first come, first serve" basis, and class size is limited. Please select your class times and days by placing a #1 in front of your first choice, a #2 in front of your 2nd choice, and a #3 in front of your 3rd choice. DO NOT LEAVE BLANK.

Class Times are:

Most Classes are 1 hour

Class Days are:

_____ Mornings (Classes start at 10:00 or 11:00 am)
_____ Early Afternoons (Starting class times vary from 1:00-3:30pm)
_____ Late Afternoons (Starting class times vary from 4:00-5:30pm)
_____ Evenings (Starting class times vary from 6:00-8:30pm)

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday

Home Address _____ Home Phone _____
street city zip

Mother's Name _____ Cell # _____ Email: _____

Father's Name _____ Cell # _____ Email: _____

If parents cannot be reached, emergency contact: _____ Phone # _____
(Name & Relationship to Dancer)

Please explain if you have any special family issues or if your child has any health issues that In Motion should be aware of:

Please Note: In Motion may use pictures of classes, camps and events on our website or in our monthly newsletters.

Does your child have permission to wait outside or leave In Motion unaccompanied? **Yes or No and Initial here** _____

If you are a new student, how did you find out about In Motion Dance Center? (please be specific) _____