Joy of Movement Registration Form 2023-2024 season 2100 York Rd Jamison, PA 18929 215-262-0637

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Cell phone:	
Time:	Teacher:
Time:	Teacher:
Time:	Teacher:
h Check #	PayPal
s in any way connected to Joy of Movement Di cal injury arising out of active participation in a	s and volunteers from any claim, demand or cause from injury to the ance Center, LLC programs and hereby acknowledge that you are a dance class or any other dance related activity. I understand there are signed before attending class.
	Date:
syments (due 1st of month)	1 Annual payment (due by Sept. 1st)
\$63	\$567
\$115	\$1,050
\$175	\$1,575
- CE TILL	Time:Time:Time:Time:Thee:Check # on a per class fee. s th of the month will incur a \$10 late fee. of Movement Dance Center, LLC, its employee: is in any way connected to Joy of Movement Dical injury arising out of active participation in a understand that my child must have this release anyments (due 1st of month) \$63 \$115

Solos-\$45/30 mins.......Duets-\$25 (per dancer)/30 mins......Trios-\$15 (per dancer)/30 mins All payments can be submitted online or in person, directly to your instructor.

PayPal payments can be sent to payments@joyofmovmentdancecenter.com

^{*}Additional classes beyond 3 classes/week are billed at \$55 month per class.

^{*}Dance pass option #1: \$275/month 6-8 class family plan/pass (does NOT include private lessons OR dance team classes)

^{*}Dance pass option #2: \$290/month 9+ class family plan/pass (does NOT include private lessons OR dance team classes)

^{*}Competition team rates-See Miss Shannon for break down/requirements*