Joy of Movement Registration Form 2024-2025 season 2100 York Rd Jamison, PA 18929 215-262-0637

Name (of dancer):		Age:		
Date of Birth: Parent(s)	name:			
Address:				
Home phone:	Cell ph	none:	·	
Parent email:				
Emergency contact/phone:				
Any medical conditions:				
Class Day:	Time:	Teacher:	acher:	
Class Day:	Time:	Teacher:	ocher:	
Class Day:	Time:	Teacher:	acher:	
Any additional classes, please write on ba	ck			
Monthly Fee:				
Registration Fee (\$25/per family):				
Total Amount Paid:	Cash	Check #	PayPal	
How did you hear about us?:				
*Tuition is one price broken into 10 monthly payments and is no * Tuition is due the 1 st of each month and payments received aft *There will be a \$40 fee for any bounced checks.		\$25 late fee.		
*I, the undersigned agree to release and hold harmless of all liab above named participant or damage to his/her personal propert knowingly and voluntarily assuming full responsibility for all risks no refunds for any registration fees, costumes, date nights or cla	y which is in any way connected to Jos of physical injury arising out of activ	oy of Movement Dance Center, LLC program we participation in a dance class or any other	ms and hereby acknowledge that you are er dance related activity. I understand there are	
Parent signature:	Date:			
	10 payments (due 1st of m	nonth) 1 Annual	payment (due by Sept. 1st)	
1 class/week	\$65		\$585	
2 classes/week	\$120		\$1,080	
3 classes/week	\$175		\$1,575	

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

^{*}Dance pass option #1: \$280/month 6-8 class family plan/pass (does NOT include private lessons OR comp team classes)

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

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