

JOY OF MOVEMENT DANCE CENTER 2025-2026 SEASON 215-262-0637

Name (of dancer):			Age:
Date of Birth: Parent(s)	name:		
Address:			
Home phone: Cell phone:			
Parent email:			
Emergency contact/phone:			
Any medical conditions:			
Class Day:	Time:	7	Teacher:
Class Day:	Time:	7	Feacher:
Class Day:	Time:	7	Гeacher:
Any additional classes, please write on ba	ick		
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 par * Tuition is due the 1 st of each month and paym *There will be a \$40 fee for any bounced checks	ents received after the 15 th of		incur a \$25 late fee.
cause from injury to the above named participant or do programs and hereby acknowledge that you are knowledge.	amage to his/her personal property ngly and voluntarily assuming full r inderstand there are no refunds for	which is in any esponsibility for	its employees and volunteers from any claim, demand or way connected to Joy of Movement Dance Center, LLC all risks of physical injury arising out of active participation fees, costumes, date nights or classes. I understand that
Parent signature:	Date:		
	10 payments (due 1st of mon	th)	1 Annual payment (due by Sept. 1st)
1 class/week	\$67		\$603
2 classes/week	\$130		\$1,170
3 classes/week	\$180		\$1,620
*Additional classes beyond 3 classes/week are be *Competition team rates-See Miss Shannon for			
Solos-\$45/30 minsDuets-\$25 All payments can be submitted online or vi PayPal payments can be sent to <u>payments</u>	ia cash/check at the studio.		rios-\$20 (per dancer)/30 mins