



office use only –

new student \_\_\_\_\_ CMC \_\_\_\_\_ Cus B \_\_\_\_\_

**2017 - 2018 STUDENT REGISTRATION FORM**

**PERSONAL INFORMATION**

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Student Date of Birth: \_\_\_/\_\_\_/\_\_\_

Special Needs/Allergies: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Parent/Guardian phone # (home) \_\_\_\_\_ cell # \_\_\_\_\_ cell or other# \_\_\_\_\_

Parent's Email address: \_\_\_\_\_

Additional email address: \_\_\_\_\_

*\*Creative Movement Center uses email as a primary method to contact our CMC families on a weekly basis – Please let us know if you do not receive our weekly emails and/or if you do not use email as a method of communication. INITIAL HERE please that you have read the above statement \_\_\_\_\_*

Will anyone else be bringing your child other than the "parent/guardian" number listed above? Yes no

Please list their names here

Contact \_\_\_\_\_ Phone # \_\_\_\_\_ relation to dancer \_\_\_\_\_

**Participation Waiver ~**

*I hereby certify that my child is in normal health and capable of participating safely in Creative Movement Center's programs. I assume all risks and hazards incidental to the conduct of the program and hereby release CMC or its instructor from any and all claims for damages and injuries which may be sustained while participating in any and all activities connected with CMC.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**CMC website/advertising waiver~**

*I give my permission for Creative Movement Center to use my child's photograph or likeness on our website or in connection with any advertising or news coverage of our events.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

for office use only: registering staff name: \_\_\_\_\_ dancer name: \_\_\_\_\_

**2017-2018 CLASS REGISTRATION INFORMATION- List classes in order of longest class time to shortest...**

Class Title	DAY	TIME	CLASS #	Tuition for the class:
1.				
2.				
3.				
4.				
5.				
<b>Pre Pro Company Dancer Fees</b>			<b>Technique Fee:</b>	<b>\$30 extra monthly</b>
			<b>SIBLING DISCOUNT (-\$10 off total)</b>	<b>NONE less -\$10</b>

Pre Pro Company Team Name:  _____
*Pre Pro Dancer taking
Opening /Finale:  YES      NO

**REGISTRATION SUMMARY:**

DANCER'S MONTHLY TUITION \$ \_\_\_\_\_

**PAYING FULL SEASON:**

TOTAL FULL SEASON=\$ \_\_\_\_\_

Less 5 % discount amount =\$ \_\_\_\_\_

TOTAL DUE=\$ \_\_\_\_\_

OR **PAYING MONTHLY:**

FIRST MONTH (SEPT.) \$ \_\_\_\_\_

LAST MONTH (MAY) \$ \_\_\_\_\_

\$20 per dancer or \$25 per family - REGISTRATION FEE \$ \_\_\_\_\_

**Dancewear / Logo Wear** \$ \_\_\_\_\_

**\*Pre Pro Co. Opening/Finale fee** \$ **45.00**

**TOTAL DUE AT REGISTRATION:** \$ \_\_\_\_\_

**METHOD OF PAYMENT: CASH    CHECK # \_\_\_\_\_    DATE : \_\_\_\_\_**