



CREATIVE MOVEMENT CENTER

office use only:
new student: _____ CMC _____ CB _____ binder _____

2017 SUMMER STUDENT REGISTRATION FORM

PERSONAL INFORMATION

Student Name _____

DATE OF BIRTH: _____

Address _____ City _____ Zip _____

Parent / Guardian Name(s): _____

Phone.# _____ # _____

Parent/Guardian Email address: _____

Special
Needs/Allergies: _____

NEW to the CMC family?- How did you hear about us?

Friend /relative newspaper/ad CMC website/online search

Other: _____

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 _____

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 _____

SUMMER 2017 REGISTRATION INFORMATION

Name of Class or CAMP	Session(s)	TUITION
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

for office use only:

Total TUITION: _____

+ Family Reg. Fee: \$5

Total Due: \$ _____

Method of payment:

CASH CHECK# _____

DATE: _____

circle here if - **UNLIMITED SUMMER TUITION OPTION: \$560.00 total**