



Student Information

**Student 1:** \_\_\_\_\_  
First Last

Date of Birth: \_\_\_\_\_ Age as of Sept. 1, 2018: \_\_\_\_\_  Female  
M - D - Y  Male

Medical Conditions or Allergies: \_\_\_\_\_

Academic School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's email: \_\_\_\_\_ Student's cell: \_\_\_\_\_

**Student 2:** \_\_\_\_\_  
First Last

Date of Birth: \_\_\_\_\_ Age as of Sept. 1, 2018: \_\_\_\_\_  Female  
M - D - Y  Male

Medical Conditions or Allergies: \_\_\_\_\_

Academic School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's email: \_\_\_\_\_ Student's cell: \_\_\_\_\_

**Student 3:** \_\_\_\_\_  
First Last

Date of Birth: \_\_\_\_\_ Age as of Sept. 1, 2018: \_\_\_\_\_  Female  
M - D - Y  Male

Medical Conditions or Allergies: \_\_\_\_\_

Academic School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's email: \_\_\_\_\_ Student's cell: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_

**Parent 1 Name:** \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_ Work #: \_\_\_\_\_

**Parent 2 Name:** \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent 2 Email: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact: (other than parent) \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Contact Information

**Person Responsible for Account Payments:** \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Billing

Classes

Student 1: \_\_\_\_\_ Class: \_\_\_\_\_ Class: \_\_\_\_\_

Class: \_\_\_\_\_ Class: \_\_\_\_\_

Class: \_\_\_\_\_ Class: \_\_\_\_\_

Student 2: \_\_\_\_\_ Class: \_\_\_\_\_ Class: \_\_\_\_\_

Class: \_\_\_\_\_ Class: \_\_\_\_\_

Class: \_\_\_\_\_ Class: \_\_\_\_\_

Student 3: \_\_\_\_\_ Class: \_\_\_\_\_ Class: \_\_\_\_\_

Class: \_\_\_\_\_ Class: \_\_\_\_\_

Class: \_\_\_\_\_ Class: \_\_\_\_\_

**How did you hear about us?**

Google search     Facebook     Instagram     Referred by \_\_\_\_\_

**Agreement for Participation**

I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury. Artistic Movement Center, LLC is not responsible for personal property.

- I have read the student handbook/policies (located on website artisticmovementcenter.com or hardcopies available at studio) and agree to adhere to all the content stated therein including:

\*Studio Policies \*Tuition & Payment Information \*Dress Code \*Protection of Property \*Calendar

\*Medical Release/Waiver \*Authorization for Photographs/Video \*Mission Statement & Code of Ethics

\*\*\*The studio will notify all students via email of any changes made to these during the year\*\*\*

- I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable.
- I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



ARTISTIC MOVEMENT CENTER