

REGISTRATION FORM



2008-2009

For multiple students, please copy this form and fill out one per student.

How did you hear about us? (Circle One) AT&T Yellow Pages/Other phone book/Referral/Door Hanger/AA Observer/Current/Metro Parent/Ann Arbor Family/Web Site/Money Clip/Hometown Connection/Other: _____

Student Information: **New Student** **Returning Student**

Student's First Name: _____ Last Name: _____

Gender: _____ Birth date: _____

Phone Number: _____ Student E-mail(emails are kept confidential): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact #1 First Name: _____ Last Name: _____ Relationship: _____

Home Phone: _____ Cell #: _____ Work #: _____

Email: _____ (emails are kept confidential)

Contact #2 First Name: _____ Last Name: _____ Relationship: _____

Home Phone: _____ Cell #: _____ Work #: _____

Email: _____ (emails are kept confidential)

Emergency Contact Info: _____

(other than parents) _____

Health Insurance Carrier: _____

School: _____ Grade: _____

Disabilities: _____

Allergies: _____

Medications: _____

Primary Doctor: _____

Classes: _____ (Office Use Only)

Title:	Day:	Time:	Monthly Fee(s)
1. _____			
2. _____			
3. _____			
4. _____			
Registration Fee:			\$15.00 (Annual)
Total:			

I am enclosing my annual \$15 registration fee (only one per family).

Please call 734/222-6246 to schedule your appointment to complete the registration process.

A minimum commitment of one month is required for Dance or Music Students. Withdrawal notification must be given to the office staff in person, on or before the last class period of the month. Failure to give notification by the last class period of the month will result in the responsibility of the family to pay for the following month's of tuition. I recognize the necessity of occasional physical contact with instructors and the risks of illness and injury inherent in any dance program. I am participating upon the express agreement and understanding that I am hereby waiving and releasing Arts in Motion, its directors, employees, and agents of all claims, except for illness and injury directly resulting from gross negligence or willful misconduct on the parts of AIM, its directors, employees or agents. I further acknowledge that any photographs or video images of myself/ my child are the property of AIM and may be used for publicity purposes with the understanding that AIM will not publish names, addresses or phone numbers along with the images.

Signature _____ Print _____ Date _____