



15724 Wayzata Blvd  
Wayzata Mn 55391  
Phone: (952) 473-0494

[www.momentumschoolofdance.com](http://www.momentumschoolofdance.com)



Momentum\_MN

## Registration Form

Registration Fee: \$20 per family

### Student Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: (as of 1<sup>st</sup> lesson): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Students Email (if applicable): \_\_\_\_\_

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

Disabilities: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

### Family Information:

1) Parent First Name: \_\_\_\_\_ Parent Last Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

2) Parent First Name: \_\_\_\_\_ Parent Last Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Enrollment:

Class : Age/Level: \_\_\_\_\_ Style: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class : Age/Level: \_\_\_\_\_ Style: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class : Age/Level: \_\_\_\_\_ Style: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class : Age/Level: \_\_\_\_\_ Style: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

### Payment Info:

- Full Session (10% discount) & \$20 registration fee
- Monthly Payment: 1<sup>st</sup> Month Tuition & \$20 registration fee
- Single Open Class: ----\$14 per class
- Punch Card: \$91 for 8 classes

Tuition:	_____
Registration Fee:	_____ \$20
Other Fees:	_____

**Total:** \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Please make checks payable to: Momentum School of Dance. For info on credit card payments please call (952) 473-0494

Registration will not be processed until registration fee and first months tuition is paid.

Please mail this form with the consent form signed & all fees due to: Momentum School of Dance, 15724 Wayzata Blvd Wayzata Mn 55391

Signature required on back----->

**Payments:**

- 1<sup>st</sup> Month- Registration Fee \$20 (if applicable)(due once a year- recharged each August), Prorated Monthly Tuition
  - 2<sup>nd</sup> Month- Costume Deposits (\$25 per costume), Monthly Tuition
  - 3<sup>rd</sup> Month- Costume Balances, Monthly Tuition
  - 4<sup>th</sup> Month- Monthly Tuition
  - 5<sup>th</sup> Month- Monthly Tuition
- Tuition is based on a four week month

**Core and Advanced Core Tuition**

Total Class Per Student Per Week	Monthly Tuition	Cost Per Class
1 Class	\$48	\$12 per class
2 Classes	\$80	\$10 per class
3 Classes	\$108	\$9 per class
4 Classes	\$128	\$8 per class

Open classes- \$14 per class or /Punch Card: \$91 for 8 classes

**Consent Form:**

**General Release**

I release and hold harmless The Momentum School of Dance, LLC, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of The Momentum School of Dance, LLC, its owners and operators or en route to or from any of said premises.

**Medical Emergency**

The undersigned gives permission to The Momentum School of Dance, LLC, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician \_\_\_\_\_ be called and that my child be transported to \_\_\_\_\_ hospital. Please include physicians' phone number \_\_\_\_\_.

**Payment Information**

I agree to the payment schedule set forth by The Momentum School of Dance, LLC. I understand that monthly tuition is payable on the first day of each month. After the 5<sup>th</sup> of each month I agree to pay a 10% late fee on all moneys owed to The Momentum School of Dance, LLC. No refunds will be made on registration fees and costume deposits and balances. I understand that all classes must be paid for prior to each lesson.

**Policy and Procedures**

I acknowledge that I have read and fully understand all policies and procedures of The Momentum School of Dance, LLC. These policies also include: Studio Policies, Tuition and Payment Information, Dress Code, Calendar, and dancer and parent expectations. I agree that not abiding by these policies may terminate my dance education at The Momentum School of Dance, LLC.

**Release of Photography**

I consent to and authorize the use and reproduction of any and all photographs and any other audiovisual materials taken of your registered dancer(s) for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

Print Dancer's Guardian Name

Print Dancers Name

Dancer's Guardian's Signature

Date

