

## 2010-2011 CLASS SCHEDULE

Monday, Aug 30th, 2010 - Saturday, June 4th, 2011

### Studio One

### Studio Two

#### Monday

10:00-10:45      Preschool 1 (ages 2.5-3)  
10:45-11:30      Mag Moving Kids 2 (ages 3.5-4)  
11:30-12:15      AimDance for Kids 1 (ages 4.5-6)

4:15-4:45      Strength & Flexibility (ages 10-18)  
4:45-5:30      Kindergarten 3 (ages 6-7)  
5:30-6:30      Modern 4 (ages 12-16)  
6:30-7:30      AimDance Company Modern\*  
7:30-8:00      Strength & Flexibility (ages 10-18)

4:00-4:45      Mag Moving Kids 2 (ages 3.5-4)  
4:45-5:30      Pointe\* (ages 12-18)  
5:30-6:30      AimDance Company Ballet\*  
6:30-7:30      Ballet 4 (ages 12-16)  
7:30-8:15      Jazz 3-4\* (ages 12-18)

#### Tuesday

4:00-4:45      Preschool 1 (ages 2.5-3)  
4:45-5:45      Ballet/Modern 3-4 (ages 8-11)  
5:45-6:30      Kindergarten 1 (ages 4.5-6)  
6:30-7:15      AimDance for Kids 3 (ages 6-7)

4:15-5:00      Kindergarten 2 (ages 5-6)  
5:00-6:00      Ballet/Modern 1-2 (ages 7-9)  
6:00-7:15      Ballet/Tap/Jazz 2 (ages 8-11)  
7:15-8:15      Teen Recreational Ballet/Modern (ages 11-14)

#### Wednesday

4:00-4:45      Mag Moving Kids 1 (ages 3-4)  
4:45-5:30      Preschool 2 (ages 3.5-4)  
5:30-6:15      Kindergarten 2 (ages 5-6)  
6:15-7:15      Ballet/Modern 1-2 (ages 7-9)

4:15-5:00      AimDance for Kids 1 (ages 4.5-6)  
5:00-5:45      AimDance for Kids 2 (ages 5-6)  
5:45-7:00      Ballet/Tap/Jazz 1 (ages 7-10)

#### Thursday

4:00-5:00      Ballet/Modern 3-4 (ages 8-11)  
5:00-6:00      Apprentice Ensemble  
6:00-8:00      Senior Ensemble

5:00-6:30      Junior Ensemble  
6:00-8:30      AimDance Company

#### Friday

10:00-10:45      Jumpin' for Joy (ages 2.5-3)  
10:45-11:30      Kindergarten 1 (ages 4.5-6)  
11:30-12:15      Mag Moving Kids 1 (ages 3-4)

#### Saturday

9:15-10:00      AimDance for Kids 1 (ages 4.5-6)  
10:00-10:45      Preschool 1 (ages 2.5-3)  
10:45-11:30      Mag Moving Kids 1 (ages 3-4)

9:00-11:00      Ballet Ensemble  
11:15-12:00      AimDance for Kids 2 (ages 5-6)  
12:00-12:45      Kindergarten 1 (ages 4.5-6)

\*Denotes an advanced level class. Permission of the instructor or Ensemble participation required.

**Classes and times are subject to change and depend on enrollment. New classes are always being added. See website for class descriptions.**

Today's Date: \_\_\_\_\_

**How did you hear about us?** Referral (Name) \_\_\_\_\_  
 Newspaper article/ad  
 Drive by  
 Website  
 Internet Search Engine  
 Phone book

**FAMILY INFORMATION:** (Please Print Clearly) \*denotes required field

\*Parent #1 Name \_\_\_\_\_ \*Cell/Work Phone \_\_\_\_\_  
 Parent #2 Name \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_  
 Guardian(s) (if applicable) \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

\*E-mail address(es) (required for monthly newsletters, statements, & inclement weather notifications):  
 \_\_\_\_\_

\*Street Address \_\_\_\_\_ \*City \_\_\_\_\_, MO \*Zip \_\_\_\_\_

\*Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact - other than parent(s)/guardian(s) listed above:**

\*Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ \*Phone \_\_\_\_\_

\*Physician Name \_\_\_\_\_ \*Phone \_\_\_\_\_

**STUDENT(S) INFORMATION:**

<u>Last Name</u>	<u>First Name</u>	<u>Gender</u>	<u>DOB</u>	<u>Age</u>
_____	_____	M F	____/____/____	_____
_____	_____	M F	____/____/____	_____
_____	_____	M F	____/____/____	_____
_____	_____	M F	____/____/____	_____

**Previous dance experience** \_\_\_\_\_  
 \_\_\_\_\_

**Special Notes (allergies, past injuries, asthma, fainting, etc.)** \_\_\_\_\_  
 \_\_\_\_\_

## **TUITION RATES:**

<b>Class Length</b>	<b>Monthly Rate</b> (Automatic payment via credit card or ACH withdrawal)	<b>Semester Rate</b> (includes 5% discount from monthly rate)
30 minutes	41/month	175/semester
45 minutes	59	252
60 minutes	75	320
75 minutes	85	363

Please consult our website at [artsinmotion-stl.com/generalpolicies.html](http://artsinmotion-stl.com/generalpolicies.html) for more information regarding our tuition, fees, and refund policy, in addition to our family discounts.

## **CLASSES REQUESTED:**

<b>Student First Name</b>	<b>Day</b>	<b>Time</b>	<b>Length</b>	<b>Class Name</b>	<b>Monthly Tuition Rate Payment Option 1</b>	<b>Semester Tuition Rate Payment Option 2</b>
<b>Non-refundable registration fee of \$25 per family; waived for Ensemble families</b>					<b>\$25 Reg Fee</b>	
<b>Total due</b>						

## **CHOOSE YOUR PAYMENT OPTION:**

**Payment Option 1 (Monthly Tuition Payments)**

I wish to pay tuition as a monthly automatic credit card charge/ACH transfer. Charge me now for the initial registration fee and the first month's tuition, and then on the first of every month thereafter (October thru May). Monthly payments must be via automatic credit card charge or ACH withdrawal. Checks will not be accepted. *\*\*Please fill out the Credit Card/ACH Authorization Agreement included in this packet of forms.*

**Payment Option 2 (Semester Tuition Payments)**

I wish to pay for the entire semester now and receive the discounted semester rate. Choose ONE option below:

Charge my credit card/bank account now for the initial registration fee and this semester's tuition. I understand the same account will be automatically debited for next semester's tuition on January 3rd, 2011. *\*\*Please fill out the Credit Card/ACH Authorization Agreement included in this packet of forms.*

Enclosed is a check for the initial registration fee and this semester's tuition. I understand next semester's tuition payment will be due January 3rd, 2011.

## **LIABILITY WAIVER & MEDICAL RELEASE:**

A parent's signature is REQUIRED on both of these paragraphs for enrollment in any of AiM's programs

### **Medical Release**

*I do hereby grant permission to Arts in Motion and their respective agents and employees to secure such medical aid and hospital services as they deem necessary for the child or children noted on this form in the event he/she should sustain injury or illness while attending Arts in Motion classes, camps, or rehearsals. I realize that every effort will be made to contact me first in the event of a medical emergency involving my child. I have also indicated on this form any medical information of which Arts in Motion should be aware in consideration of my child's physical and mental well being.*

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **Insurance & Legal/ Liability Waiver**

AiM does not carry medical insurance for its students. Although all activities are performed with the students' safety as the utmost concern, all students are required to be covered under their own family's insurance policies. If an injury should occur, you will only be compensated through your own family insurance policy. By enrolling your child or children in classes or camps, you are indicating that you accept the following:

*I understand that there is a risk of injury to my child with the participation in any dance class or rehearsal. I certify my child is in good health and able to participate fully in physical activity such as dance.*

*I acknowledge that I have carefully read the above statements. I understand that I am waiving my right to bring legal action and to assert any claims against Arts in Motion, LLC, its respective agents or employees, for any and all negligence, loss, liability, damage, or personal injury, including death, that may be sustained by the participant, while in or upon the premises or any premises under the control of Arts in Motion, LLC, its owners or agents, or en route to or from any said premises.*

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **COMPLETE YOUR REGISTRATION:**

Please return: 1) Completed and signed registration form (three pages) and 2) Payment via personal check OR the Credit Card/ACH Authorization Agreement (if needed for your payment option) by August 15<sup>th</sup> to:

**Arts in Motion**  
**9009 Manchester Rd**  
**Brentwood, MO 63144**

Please consult our website at [www.artsinmotion-stl.com](http://www.artsinmotion-stl.com), where you can find much more information, including directions to our facility, studio policies, dress code and shoe requirements, studio calendar, and class descriptions.

For any further questions or concerns, feel free to contact us at 314.968.4583 or [artsinmotiondance@att.net](mailto:artsinmotiondance@att.net)

Thanks and we look forward to seeing you the first week of classes!

**ARTS IN MOTION**

# CREDIT CARD/ACH AUTHORIZATION AGREEMENT

## FOR AUTOMATIC PAYMENTS

Automated payments are made via ACH transfer from a bank account or by credit card. Please sign and return the bottom portion and retain the remaining information for your records.

**Automatic payments will be made on the first of every month (or the next business day) for October thru May.** If your card is rejected for any reason, or an automatic withdrawal is returned due to insufficient funds, we will notify you and another account number must be provided by the 10th of the month before late fees are applied. Insufficient funds transactions also incur a \$20 NSF fee per incident.

Your signed authorization is to remain in full force and will be in effect until Arts in Motion has received written notification of its termination, or until the end of the dance year. **A minimum of fourteen days written notice is required to terminate an agreement and to avoid charging your account for the following month.** Students who withdraw mid-month will not receive a pro-rated credit or refund for the remainder of the month.

If automatic withdrawal is returned due to non-sufficient funds more than twice, your agreement will be voided and payment in the form of a cashier's check or money order will be required.

Please refer to the studio policy for additional information on tuition and discounts.

### Credit Card/ACH Authorization Agreement

*I hereby authorize Arts in Motion to initiate debit entries to my bank or credit card account identified below and if necessary, credit entries and adjustments for debit entries made in error to my account identified below, to debit and/or credit the same to said account.*

**Parent/Account Holder Name (Please Print)** \_\_\_\_\_

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

**Parent/Account Holder Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Credit Card Information

Name as it appears on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_  MC  Visa  American Express

3 or 4 digit security code: \_\_\_\_\_ (On most cards, this is the last 3 digits in the signature box on the back of your card)

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

### ACH Transfer Information

Bank Name: \_\_\_\_\_ Bank Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Name as it appears on the account: \_\_\_\_\_ Bank Account Type:  Checking  Savings

Bank Routing Number\* (ABA): \_\_\_\_\_

\*This is the 9 digit number found on the bottom of your check, to the left of your account number

Account Number (DDA): \_\_\_\_\_

**A voided check must accompany this form.**