

Studio One

Studio Two

Monday

4:45-5:15
5:30-6:00
7:00-8:00
8:00-8:45

Strength & Flexibility (ages 10-18)
Strength & Flexibility (ages 10-18)
AiMDance Company Modern*
Jazz 4 (ages 13-18)

4:30-5:15
5:15-6:00
6:00-7:00
7:00-7:45

Pointe 1-2* (ages 12-18)
Pointe 3* (ages 12-18)
AiMDance Company Ballet*
Adult Cardio Ballet

Tuesday

5:00-6:00
6:00-6:45

Ballet/Modern 1-2 (ages 6-9) ***Limited Space***
Kindergarten 1 (ages 4.5-6)

4:15-5:00
5:00-6:30
6:30-7:15

Intro to Jazz Dance Workshop (info below)
Ballet/Modern 5* (ages 9-12)
Jazz 3 (ages 9-12)

Wednesday

4:00-4:30

4:30-5:15
5:15-5:45
6:00-7:00

Leap 'n Learn+ (ages 2-3)
*New session begins Jan 18th
Magnificent Moving Kids (ages 3-4)
Mother-Daughter Yoga Workshop (info below)
Ballet/Modern 1-2 (ages 6-9) ***Limited Space***

4:15-5:00
5:00-5:45
5:45-7:00
7:00-7:30

Preschool Dance (ages 3-4)
AiMDance for Kids 1 (ages 4.5-6)
Ballet/Modern 3-4 (ages 8-11)
Jazz 1-2 (ages 6-9)

Thursday

4:15-5:00
5:00-6:00
6:00-8:30

Partnering & Improv Workshop (info below)
AiMDance Apprentice Ensemble Rehearsal
AiMDance Company Rehearsal

4:00-5:00
5:00-6:30

Ballet/Modern 1-2 (ages 6-9) ***JUST ADDED!**
AiMDance Junior Ensemble Rehearsal

Saturday

9:30-10:15
10:15-11:00
11:00-11:45

AiMDance for Kids 1 (ages 4.5-6) ***FULL***
Magnificent Moving Kids (ages 3-4) ***FULL***
Magnificent Moving Kids (ages 3-4)
ON HOLD, CALL for AVAILABILITY

9:00-11:00
11:00-12:00

AiMDance Ballet Ensemble Rehearsal
AiMDance Company Ballet*

Specialized and Introductory Workshops

These 6-week workshops provide dancers of all ages and levels of the opportunity to learn a new discipline or go more in depth with their training!
Tuition is calculated per person, per session. No registration fees.

Introduction to Jazz Dance (ages 6-11)

Tuesdays, 1/17-2/21 4:15-5:00pm
\$72/person (\$50/person for Ensemble families)

Partnering & Improv (ages 13 & up)

Thursdays, 1/19-2/23 4:15-5:00pm
\$72/person (\$50/person for Ensemble families)

Mother-Daughter Yoga (ages 6 & up)-No experience necessary!

Wednesdays, 3/7-4/18 (no class 3/21) 5:15-5:45pm
\$60/person (\$40/person for Ensemble families)

Classes and times are subject to change and depend on enrollment.

See artsinmotion-stl.com for class descriptions, dress code/shoe requirements, and studio policies.

Registration: Mail in this completed form with payment, or register online at artsinmotion-stl.com

**Denotes an advanced level or Ensemble class with closed enrollment. Permission of the instructor or Ensemble participation required.*

Today's Date: _____

For AiM Administrative Use Only: JR CC SCH: DM/DS/EM/ES PM: CK/CCJR/CCFD/CSH

How did you hear about us?

Referral (Name) _____ Website _____ Newspaper article/ad
 Internet Search Engine _____ Drive by _____ Phone book
 Social media (Facebook, Twitter, etc.) _____ Neighborhood Market Magazine _____

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) (for 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	____/____/____	_____

Previous dance experience (only requested if you are new to Arts in Motion) _____

Special Notes (allergies, past injuries, asthma, fainting, etc.) _____

TUITION RATES:

Class Length	Monthly Rate (Automatic payment via credit card or ACH withdrawal)	Semester Rate (includes 5% discount from monthly rate)
30 minutes	41/month	175/semester
45 minutes	59	252
60 minutes	75	320
75 minutes	84	359
90 minutes	90	385
6 week Workshops	n/a	See schedule

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

CLASSES REQUESTED:

Student First Name	Day	Time	Length	Class Name	Tuition Rate- Monthly or Semester Option (see info below)
Non-refundable registration fee of \$25 per family; waived for Ensemble families or workshop classes					+ \$25 Registration Fee
					Total due

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. ***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.

PHOTOGRAPHY RELEASE: (REQUESTED, BUT OPTIONAL...)

I do hereby grant permission to Arts in Motion (AiM) to photograph my child or children. If photographed or filmed, my child's image may possibly be used in promotional media, including printed brochures, advertisements, and AiM's web page. My child will not be identified if his or her image is used for promotional purposes.

Parent's Signature _____ Date: _____

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) to:

Arts in Motion
3205 S. Brentwood Blvd, 2nd Floor
Webster Groves, MO 63119

Please consult our website at 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

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 monthly 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 immediately. Late fees will apply if not resolved by the 10th of the month. 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.

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: _____

-OR-

ACH Transfer Information

Bank Name: _____ Bank Phone Number: (_____) _____

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

Bank Routing Number* (ABA): _____

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

Account Number (DDA): _____