

Make Check Payable and Send to:
Creative Movement And Dance
1400 Buford Hwy., Suite C-2
 (678) 482-2264 o
 (678) 482-7064 f
 info@CreativeMovementAndDance.com

REGISTRATION FORM

Student: _____

Age: _____ D.O.B. _____

Parent(s): _____

Address: _____

City: _____ Zip: _____

Phone #1: _____ Phone #2: _____

eMail #1: _____ eMail #2: _____

Childcare Center: _____

Location (name of street, road, hwy.): _____

Class Type (& Day/Time if Multiple Offered): _____

DO NOT LEAVE THIS FORM, OR ANY PAYMENTS AT THE SCHOOL

PAYMENT (choose option below)

TUITION IS DUE 1ST OF EACH MONTH, \$15.00 LATE FEE AFTER 10TH

- 1) **Mail** this page with registration fee and tuition (see website for pricing) to address above.
- 2) **Fax/Scan-email** this form, and call office to provide credit card info.

3) Pay by Credit Card:

Credit Card Type (check one): Visa MasterCard CVV# : _____

Card # _____ Exp. Date: _____

Cardholder Name: _____ Billing Zip: _____

Customer Signature: _____ Date: _____

I have read and understand the information provided on website CreativeMovementAndDance.com. I waive any right to claim against Creative Movement And Dance, Inc., owners, staff, instructors, and licensees in the event of accident, injury or loss of personal items. By registering my child for this program, I give permission to photograph and use my child's image in brochures, newsletters, website, social media and other marketing material by Creative Movement and Dance. I understand that the child's name will not be used in conjunction with any publication.

Signature of parent or Guardian Check here to opt out of photo release

Pay **only** Registration and 1st month Tuition \$ _____ (see website for pricing)

OR AUTOMATIC MONTHLY PAYMENTS

Pay Registration and 1st month Tuition \$ _____ (see website for pricing)

And Monthly Tuition of \$ _____ beginning ____/____/____

Monthly Billing ends when session ends, or when customer provides written cancellation.