

## Summary of Studio Policies

**Note that Tuition Fees are non-refundable.**

### How to make payments

Payment is due at registration or by the first class. ***Please make sure your child's full name and class are on the lower left corner of your check.***

Your cancelled check or bank statement is your receipt. The fee for returned checks is \$30. Cash payments should be made in the exact amount and given directly to the instructor or office manager; DO NOT leave cash without receiving a receipt. Magical Movement accepts VISA, MasterCard, Discover, and American Express credit/debit cards.

Should you find that you are unable to attend summer camp, please contact the studio at your earliest convenience. Refunds are not given for any remaining classes with the exception of injury or a long-distance family move.

### Insurance

Magical Movement does not hold medical insurance on your child. It is strongly recommended that you carry health and medical insurance on your child. In the case of an accident or injury, your insurance will be the only source to cover medical expenses.

I have read and understood all policies outlined above. \_\_\_\_\_  
Parent/Guardian signature

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### **Liability Release**

I hereby release The Magical Movement Dance & Fine Arts Academy and/or its assigns of liability during classes or any studio functions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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### **Photo Release**

I hereby grant The Magical Movement Dance & Fine Arts Academy and/or its assigns permission to use photographs periodically in connection with studio activities or advertisements. I understand the there will be no compensation for the use of such photographs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

# The Magical Movement Dance & Fine Arts Academy

## Summer Camp 2010 Registration

Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Class Name	July 12-16 or July 19-23	Time

School Child will attend for the 2010-2011 school year \_\_\_\_\_ Grade \_\_\_\_\_

Parent Or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

2nd Contact Phone - Name: \_\_\_\_\_ Number: \_\_\_\_\_

E-mail address - please provide: \_\_\_\_\_  
(we do not share or "spam" our families; email is used for communications such as last-minute closings and information pertinent to your dancer)

Name and phone number of Child's doctor \_\_\_\_\_

Medications your child takes regularly \_\_\_\_\_

Medical Conditions instructors should know \_\_\_\_\_

Summarize previous dance training \_\_\_\_\_

How did you hear about Magical Movement??? \_\_\_\_\_

Registration Info -- office use only	Initial _____	Book Entry _____
Reg Fee Paid _____	Tuition Paid _____	Check# _____ / Cash _____
Credit Card: Type: _____	Number: _____	Exp: ____ / ____ CV# _____