

Stories in Motion Registration Form- Maplewood Studio
SPRING 2010 – MARCH 29th – JUNE 19th (10 WEEKS)

Please fill out form and return it to the address below or fax to 973-313-1064. Confirmations will be emailed prior to start of session.

1 st Child's Name:	Birthday ____/____/____
2nd Child's Name:	Birthday ____/____/____
3 rd Child's Name:	Birthday ____/____/____
Parent's Name:	Caregiver:
Address:	Email (Please print clearly)
Telephone: (Home)	Cell:
1 st Choice (1 st child) Class name:	Day/Time:
2 nd choice:	Day/Time:
1 st Choice (2 nd child) Class name:	Day/Time:
2 nd choice:	Day/Time:
1 st Choice (3rd child) Class name:	Day/Time:
2 nd choice:	Day/Time:
FEES	
TUITION (10 Weeks)	\$200 per class
Second child or second class discount	Class fee minus 40% NOW 20%
Third child or third class discount	Class fee minus 20% NOW 30%
Trial Class Fee	\$20 1 st child; \$10 sib
Sibling Drop in Fee	\$15
Drop-in Guest Fee	\$25
Special Needs Workshop Series (6 weeks)	\$175
NEW FAMILY FEE (one time only)	\$20
LATE REGISTRATION FEE (after 2 nd wk of session)	\$20
TOTAL	\$
ADULT CLASSES	
Journey Dance	\$130. ⁰⁰ for 10 class card \$15 per class/pay per class
TOTAL	\$
PAYMENT OPTIONS (circle one) Visa/MC, Amex, Diners, Check, Cash	Credit card #
Make checks payable to: Stories in Motion Mail to: Stories in Motion, 1874 Springfield Ave. Maplewood, NJ 07040 973-313-1050 www.storiesinmotion.org	Expiration date:
	Ask about scholarships or payment plan.

To parents and caregivers:

I am fully aware of the risks of movement and dance activities and deem my child to be in sound physical and mental health. I consent to have my child participate in the program provided by Stories in Motion and waive and release all rights to claim for damages that my child or I may have against Stories in Motion in the event of injury.

