



Kids On The Move



P.O. Box 456
De Pere, WI 54115
www.kidsonthemovewi.com
(920) 366-5565

Fall 2010 - Four Seasons Registration Form

Child Name: _____ Birth Date: _____

Parent Name(s): _____

Address: _____ Phone: _____

Work Phone(s): _____

Email: _____ Cell Phone(s): _____

Please circle appropriate class(es) for Tues. and/or Thurs. evenings and payment option:

Class:

Payment Option:

- | | | | |
|------------------------|----------------------------------|--|---------------------|
| 1. Pre School Dance | <u>T, Th.or Fri.(a.m or p.m)</u> | | |
| 2. Elementary Dance | <u>T or Th.</u> | | |
| 3. Tap/Jazz - Begin | <u>Tues.</u> | - <u>Option #1:</u> 8 mthly payments of \$34.00 | _____ |
| 4. Tap/Jazz – Inter. | <u>Thurs.</u> | - <u>Option #2:</u> 2X4 Pay \$136.00 | |
| 5. Hip Hop | <u>Mon.</u> | - 1 st Pymt now, 2 nd pymt in Feb. | _____ |
| 6. Special Needs Dance | <u>Tues.</u> | - <u>Option #3:</u> Full year payment of \$272 | _____ |
| 7. Children’s Choir | <u>Thurs.</u> | - <u>Registration Fee:</u> \$5.00 | <u>\$5.00</u> |
| 8. Junior Stars | <u>Thurs.</u> | | |
| 9. Encore! Encore! | <u>Tues.</u> | | Total: _____ |

Please make checks payable to: *Kids On The Move*

Please mail to the P.O. Box indicated at the top of this form

I understand and agree that *Kids On The Move* and its staff will assume no responsibility for injuries or medical expenses incurred by my child or myself. We agree to hold harmless, *Kids On The Move*, from liability for injury or damage to person or property as a result of said student’s participation in *Kids On The Move* activities.

I have reviewed, understand and agree to comply with the contract terms stated in the contract.

I give permission to *Kids On The Move* to use photos or video of my child in brochures, pamphlets, or marketing materials used for educational and/or marketing purposes. _____ YES _____ NO

Signature: _____ Date: _____