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|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 2011-2012 Tuition & Liability Form | Please refer to the following documents for help completing this page: * 2011-2012 Tuition information * 2011-2012 Rules & Regulations * Credit Card Authorization Form | Please add your registration fee to your initial payment. Single Student = \$20 Family = \$35 |
| Student's Last Name: _____ | | |

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|----------------------------|------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------|---|-----------------------|
| Monthly Tuition Calculator | Number of 60 Minute Classes = _____ X \$45 | Number of 90 Minute Classes = _____ X \$65 | Number of 2nd Classes = _____ X \$35 <small>*See Tuition Information</small> | Number of Saturday Ballet Classes = _____ X \$10 | = | Total # of Classes |
| | + | + | + | + | = | |
| | Total 60 Minute Class Tuition | Total 90 Minute Class Tuition | Total "2nd Class" Tuition | Total Saturday Ballet Tuition | = | Total Monthly Tuition |

| | | | | | | | |
|-------------------------------------|--------------------|---------------------|----------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------|
| Monthly Tuition Discount Multiplier | Total # of Classes | Discount Multiplier | X | = | | | |
| | 2 | 0.9 | | | | | |
| | 3 | 0.85 | | | Total Monthly Tuition | Discount Multiplier | Discounted Monthly Tuition Payment |
| | 4 | 0.8 | | | I choose to make TEN monthly tuition payments on or before the 15th of each month. (Please refer to the Rules & Regulations and Credit Card Authorization form for further details.) | | |
| | 5+ | 0.75 | | | Initial Here | | |

| | | | | | | |
|-------------------------|----------------------------------------------------------------------------------------------------------|-----------------------|---|----------------------------|---|------------------------------|
| Yearly Tuition Discount | X | 10 | X | .9 | = | |
| | | # of Monthly Payments | | Yearly Discount Multiplier | | Discounted Full Year Payment |
| | I choose to make ONE payment for the entire 2011-2012 Season. (Please refer to the Rules & Regulations.) | | | | | |
| Initial Here | | | | | | |

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|------------------|----------------------------------------------------------------------------------------------------------------------------|----------|----------|---------------------|
| Costume Deposits | \$40 per costume (Tech. classes do not receive costumes) All costume deposits are due by: DECEMBER 1, 2011 | X | = | |
| | Total # of Costumes | | | per costume deposit |

In the event of a minor injury (fall, scrape, strain or sprain) Art in Motion Dance Center will (if applicable) clean wound, apply ice and/or bandage, and, if necessary, call a parent or emergency contact person. In the event of a medical emergency, Art in Motion Dance Center will call 911 and call a parent or emergency contact person. Please complete information below.

I grant Jessica Franklin Slatkovsky, Art in Motion Dance Center, its agents and employees permission to authorize any emergency medical treatment that may be required for (circle one) **myself** **my child**.

Preferred Hospital: _____ Preferred Physician: _____

Insurance Company: _____ Policy Number: _____

Signature: _____ Date: _____

As a (circle one) **Student** **Parent/guardian** of a minor student at Art in Motion Dance Center, I hereby release and discharge Art in Motion Dance Center, Jessica Franklin Slatkovsky and all employees and staff of Art in Motion Dance Center from all claims, demands, actions, judgments, and executions which the undersigned's heirs, executors, administrators, or assigns may have, or claim to have, against Jessica Franklin Slatkovsky, Art in Motion Dance Center, its successors or assigns, for all personal injuries caused by, or arising from the above described activities or any activities related thereof.

I have read, understand and accept the Rules and Regulations of Art in Motion Dance Center and the Tuition Policies of Art in Motion Dance Center.

Signature: _____ Date: _____