



YOUTH ENROLLMENT CLASS/CAMP/INTENSIVE REGISTRATION FORM SUMMER 2009

1. STUDENT INFORMATION

Student Name: _____
Birthday: _____ Grade: _____
Parent/Guardian Name: _____
Street Address: _____ Apt. # _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
(REQUIRED) E-mail Address: _____

2. REGISTRATION INFORMATION (classes, camps, intensives)

Please enter the information for the class(es),camp(s), etc. you would like to enroll in and enter in the dollar amount below.

Class _____ Day _____ Time _____ Tuition \$ _____
Level _____ Teacher _____ Studio _____
Class _____ Day _____ Time _____ Tuition \$ _____
Level _____ Teacher _____ Studio _____
Class _____ Day _____ Time _____ Tuition \$ _____
Level _____ Teacher _____ Studio _____

3. DONATION (Your tax-deductible donation is greatly appreciated.)

As a nonprofit tax-exempt 501 (c) (3) organization, Joy of Motion gratefully accepts additional contributions to support our dance offerings, programs and community outreach initiatives. I want to support JOMDC's dance offerings, programs and community outreach initiatives. (All donations are tax deductible to the full extent of the law.)

Donation Amount: \$ _____

4. BILLING INFORMATION

Please add class/camp/etc. tuition(s) + donation + \$15.00 Registration Fee (1st time students ONLY) and write in the total amount due.

Total Amount Due: \$ _____

Credit Card (circle one): VISA MASTERCARD AMERICAN EXPRESS

Name on Card: _____

Credit Card No: _____ Exp.: _____

5. SIGNATURE

By signing this registration form I understand that there are no refunds or transfers on enrollment classes and authorize Joy of Motion to charge the total amount due to my credit card. I agree that as a student at Joy of Motion Dance Center, I am aware that I (or my child) am taking class at my own risk. I agree that I will not hold the studio, the organization and its staff, or the instructors liable for any injuries sustained while taking class. If I (or my child) have any particular injury or concern, I will inform the instructor prior to the class and I (or my child) will exercise caution in all movements. I acknowledge that I am aware of and agree to adhere to the Studio Policies for Adult (or Youth) Classes. I also agree that Joy of Motion Dance Center in no way responsible for the safekeeping of my personal belongings while I attend class.

Signature _____ Date _____

FAX or MAIL TO:

JOMDC Friendship Heights: (202) 362-9088 (fax) 5207 Wisconsin Avenue N.W. Washington, DC 20015
JOMDC Bethesda: (301) 332-6208 (fax) 7315 Wisconsin Avenue, Suite 180 E Bethesda, MD 20814
JOMDC Atlas: (202) 399-6764 (fax) 1333 H Street N.E. Washington, DC 20002
JOMDC Dupont Circle: (202)332-6208 (fax) 1643 Connecticut Avenue N.W. Washington, DC 20009

A confirmation email will be sent to the email provided once the transaction has been processed. Email is required for all registrations.