



2010 - 2011 Registration Form

15811 Ambaum Blvd SW, Ste 160, Burien, WA 98166 • Tel: 206.242.1239 • Fax: 206.242-8363 • www.momentumdanceacademy.com

Last Name	First Name	Birthdate (mm/dd/yyyy)	Age	School	Grade
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Last Name	First Name	Birthdate (mm/dd/yyyy)	Age	School	Grade
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Last Name	First Name	Birthdate (mm/dd/yyyy)	Age	School	Grade
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Parent/Guardian (s)	E-mail address
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Address	City	Zip
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Home Phone	Work Phone	Cell Phone
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Emergency Contact Name	Phone Number	Relationship to student (s)
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Please describe any known food allergies, medical conditions and/or physical limitations of student(s):

Student: _____ Class: _____ Day(s): _____ Time: _____ Tuition: \$ _____

Student: _____ Class: _____ Day(s): _____ Time: _____ Tuition: \$ _____

Student: _____ Class: _____ Day(s): _____ Time: _____ Tuition: \$ _____

Student: _____ Class: _____ Day(s): _____ Time: _____ Tuition: \$ _____

Student: _____ Class: _____ Day(s): _____ Time: _____ Tuition: \$ _____

Student: _____ Class: _____ Day(s): _____ Time: _____ Tuition: \$ _____

FRD: _____ SRD: _____ SRD: _____ SRD: _____
Date Received: _____ Payment Method: _____
Amt: _____ Authorization #: _____ Auto(Y/N): _____

Sub total: \$ _____

Multiple Class Discount: \$ (_____)

Registration Fee: \$ _____

Automatic Payments Discount: \$ (_____)

New Students - How did you hear about us? _____ Total: \$ _____

I am aware that tuition prices are based on a 10-month session. If my account is set-up for auto-pay, Momentum will automatically deduct my tuition in 10 equal installments on the 1st of each month, regardless of the number of weeks that occur. I understand that private lessons are charged per lesson. I am aware that a \$10 late fee will be incurred for each month that payment has not been received by the 10th of the month. I understand that tuition is not refundable due to absences from class. I agree that I will not hold Momentum Music and Dance Academy, its owner, instructors or employees, liable for any injury sustained or illness contracted by my child(ren) while a student at Momentum. I give my permission for Momentum to take photos of my child(ren) for purposes of promoting the Academy. I agree to comply with all Academy policies and procedures.

Signature: _____ Date: _____

(Parent or Legal guardian must sign if student is under 18)

Method of Payment

Cash Check Visa Mastercard

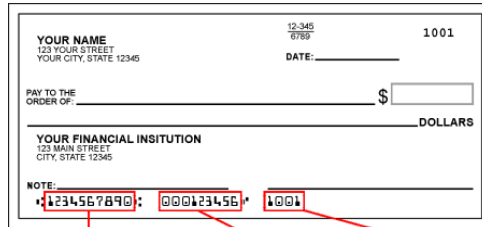
Direct Payments – Do you wish to have monthly tuition payments automatically charged to your designated checking account or credit card every month? Payments are run by the 5th of the month.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I (we, if joint account) hereby authorize **Momentum Music and Dance Academy** to initiate credit/debit entries to my (our) Checking or Savings selected below at the Financial Institution indicated, to credit/debit such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the United State law. If I (we) do not have enough money in my (our) deposit account to cover the transfer or if my (our) Financial Institution for any other reason refuses to honor a transfer I (we) will separately pay Momentum Music and Dance Academy for the charges I (we) owe under my (our) service contract.

CHECKING/SAVINGS

ACH Information		
Financial Institution:		
Branch:		
City:	State:	Zip:
Routing/Transit Number:		
Account/Bank Number:		
Total Monthly Withdrawal Amount: \$		



Routing Number Account Number Check Number

Please attach a voided check or deposit slip

VISA/MASTERCARD

VISA/MC#: _____ Expires: _____

Total Monthly Withdrawal \$ _____ Signature: _____

This authorization is to remain in full force and effective until we have received written notification from you (or either of us) of its termination in such time and in such manner as to afford the Financial Institution and us a reasonable opportunity to act on it. We deem this to be seven (7) days.

Name(s): _____

Signature: _____ Date: _____

Day Phone: () _____ Evening Phone: () _____