

CREATIVE MOVEMENT SUMMER PROGRAM

Dancer Registration Form

Registration Date: ___/___/___

DANCER INFORMATION

Dancer's Name: _____ Age: _____

Birthday: ___/___/___ School: _____ Grade: _____

(2025-2026)

Dancer's Cell: _____ Dancer's Email: _____

Home Address: _____

Street Address

Apartment/Unit #

City

Zip Code

Does the above-named dancer have any medical conditions? (i.e. allergies, asthma, autism, etc.). If yes, explain: _____

Has the dancer had any previous dance experience? Yes No

If so, for how long? _____ In a competitive dance team? Yes No Where: _____

PARENT INFORMATION

Mother's Name: _____ Mother's Cell: _____

Employer: _____ Occupation: _____

Work Phone: _____ Email Address: _____

Father's Name: _____ Father's Cell: _____

Employer: _____ Occupation: _____

Work Phone: _____ Email Address: _____

EMERGENCY CONTACT/AUTHORIZED PICK-UP INFORMATION

*Please add contacts in the spaces provided **other than the parents named above.***

Emergency Contact Name: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

1) Authorized Pick-Up Name: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

2) Authorized Pick-Up Name: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

3) Authorized Pick-Up Name: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

****To reserve your dancer's spot, FULL payment is required two weeks before the start of the selected month. ****

****Registration fee waived if registered before May 1st. \$40 registration fee applies after May 1st, 2026. ****

June 2026

(Mondays & Wednesdays)

June 8th & June 10th

June 15th & June 17th

June 22nd & June 24th

July 2026

(Mondays & Wednesdays)

July 20th & July 22nd

July 27th & July 29th

August 2026

(Mondays & Wednesdays)

August 3rd & August 5th

Weeks registering

HOW DID YOU HEAR ABOUT MIAMI DANCITY STUDIOS?

newspaper ad flyer online search social media

family/friend, name: _____

PARENT AGREEMENT

(Please initial each item below)

____ I hereby grant Miami Dancity Studios, Inc. permission to use, publish, and copyright my child's photography during class or performances for advertisement, or any promotions for the use of Miami Dancity Studios, Inc. ONLY, without payment, compensation or any consideration of any sort.

____ I understand that dancers are encouraged to always attend their classes, as missed classes cannot be made up with any other class, nor will credit be applied to the dancer's account, or refund be given for any reason.

____ I understand that if my dancer's level does not reach the necessary minimum of dancers in a particular week, Miami Dancity Studios reserves the right to combine levels, providing there is available space for my dancer.

____ I understand if my dancer displays signs /symptoms of being ill he/she will be sent home immediately.

____ I understand that if I send an individual besides those listed for pick up, I must provide a copy of their photo identification (license) and my consent for pick up via email to Miami Dancity prior to pick up time.

____ I understand I will be charged a \$35 "declined fee" if my payment is declined for any ACH bank transfers, credit card payments or check payments. If payments are not received by the given deadline, then late fees will apply.

____ I understand that to reserve my dancer's spot, I will be required to pay one month in full at registration. If I sign up for two months, the minimum of one month will be due at registration, and the balance will be charged automatically on July 1, 2025, with the payment method on file.

____ I understand summer intensives tuition is **NON-REFUNDABLE** and **NON-TRANSFERABLE**.

Print Parent/Guardian Name

Parent/Guardian Signature

FOR OFFICE USE ONLY

Total Due: \$ _____ Balance Remaining: _____

Method of Payment

Cash Check# _____

CC ACH

Credit Card payments will incur a 3.5% processing fee

Payment Authorization Form

I authorize Miami Dancity Studios, Inc., to charge my method of payment by the 1st of every month for the amount shown for services or programs as noted below until I terminate that authorization in writing by the 25th of the previous month.

Dancer's Name: _____

Parent's Name: _____

Name on Account (if not the same as above): _____

Billing Address: _____

Street Address

Apartment/Unit #

City

State

Zip Code

Parent's Phone: _____

Parent's Email Address: _____

Amount to be withdrawn per month: *\$ _____

**Amount subject to change due to the amount of classes your dancer takes per month.
Should your payment be declined, we will notify you via email.*

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

Bank Account Number: _____ Consumer Checking Savings

Routing Number: _____ Business Checking Savings

****Debit/Credit Card Type:** Visa Master Card Discover American Express

Credit Card Number: _____

Expiration Date: (MM/YY) _____/_____
Security Code (CVV): _____

**Any payments made with a debit/credit card will be charged an additional 3.5% processing fee of the total amount due.

I agree and understand that I am responsible for any additional fees associated with my payment if it is ever to be declined or rejected.

Authorized Signature

Date