

Movement Space Fall/Winter/Spring Children's Classes 2011-2012 Registration Form
 720 Monroe Street, C-504 Hoboken, NJ 07030 Email: info@movementspace.com Fax: 201-239-1463

Please fill out the following registration form, sign and return with your class tuition and registration fee.
 Your initials at the bottom of this form and full payment or 1st payment are required to complete this registration.
 Mail, email or fax as soon as possible to ensure your child's place in class.

Name/Names _____ Age/ages _____ Birthdate/dates _____
 Grade/School _____
 Address _____ City/State/Zip Code _____
 Home Phone _____
 Email Addresses _____ * We will send Movement Space news & updates to you by email.

Mother/Guardian _____ Cell Phone/Work _____
 Father/Guardian _____ Cell Phone/Work _____

Student Name	Class	Day/Time	Class Fees
	Registration Fee	New Family \$20.00 Returning Family \$5.00	
		Total Fees	
		My Payment Today	

Fees per Student or Number of Classes per Family				
	Sept to May 32 Weeks	Payment 1 With Registration	Payment 2 Due 12/15	Payment 3 Due 2/15
1 Class/week	\$480.00	\$240.00	\$120.00	\$120.00
2 classes/week	\$928.00	\$464.00	\$232.00	\$232.00
3 classes/week	\$1368.00	\$684.00	\$342.00	\$342.00
4 classes/week	\$1792.00	\$896.00	\$448.00	\$448.00
5 classes/week	\$2200.00	\$1100.00	\$550.00	\$550.00

METHOD OF PAYMENT

- Cash Do not mail cash American Express
 Check MasterCard
 Visa

 Name on Credit Card

 Credit Card #

 Exp. date

 Signature

 Date

**If you have paid with a credit card and would like us to charge your class fees on Dec. 15th and Feb. 15th, please sign below.

 Yes, charge my card on Dec. 15th and Feb. 15th.

Please Read and Initial that you understand and agree to these policies.

- ____ I understand that any Tuition I have paid will be refunded, minus a \$50 processing fee, if I withdraw by written notice 2 weeks prior to my first day of attendance and that the Registration fee is non-refundable.
 ____ I understand that Class Fees are due on Dec. 15th and Feb 15th and that there will be a late fee of \$35. added to my class fees for late payments. I agree to pay this late fee if I miss the due dates.
 ____ I understand that after the program starts there are no refunds or credits for missed classes. Make-ups must occur within 3 weeks of absence.
 ____ I understand that I am enrolling my child in the full 32 week season of classes.
 ____ I understand that if my child will not be finishing the season, I will give 2 weeks written notice of ending classes and will be responsible for paying class tuition until I have given written notice of ending classes.
 ____ I understand that the Movement Space will send important news and updates to my email address.
 ____ I have read the terms of this registration, understand and agree to its conditions.