



REGISTRATION FORM

Name _____

Address _____

Professional _____ Town/City _____ State _____ Zip Code _____

Studio _____ Tel _____ Emergency Tel _____ E-mail _____

Parent Signature _____ Total Amount Enclosed _____

School Register in person, by mail or by appointment between 1/3 and 1/7, 9AM-3PM.
Send this form along with a check to Art of Motion, Inc. Refunds honored due to medical or other emergency. Class credit given.

Offering Fees: \$275.00/Class/Fourteen weeks, \$250.00/Class each additional Class, \$20.00/Registration fee
Open Class/Ten Class card \$135.00

Classes Private or semi private vocal: \$75.00/\$25.00 Semi private (3-4/class)
Tuesday 3:30 4:30 5:30 6:30 7:30 Thursday 3:30 4:30 5:30 6:30 7:30
(No class when Ridgewood Public Schools are closed.)

In Please state all allergies: _____

**Place a check mark under your choice of class.
Write in the Day, Time and Grade (if necessary) of the class chosen from the Art of Motion schedule.**

	Int. Adult	Adv. Adult	Int. Teen & Adult	Pointe Adv.	I	II	Stretch & Adagio	Day	Time	Grade
Ballet										
Modern										
Jazz	Grade K-2	Grade 3-5	Int. Grade 6-8	Int. Grade 9-12	Adult			Day	Time	Grade
Pilates										
Tap	Beginner Grade 2-5	Grade 6-8	Adult					Day	Time	Grade
Theatre Dance										
Yoga	Anusara Style	Kripalu Scene Study	Kripalu Grade 1-6	Teen				Day	Time	Grade
Yoga	Adult							Day	Time	Grade
Improvisation										
Jazz	Int/Adv							Day	Time	Grade
Composition										
Triple Threat	I Grade 2-5	II Grade 6-12						Day	Time	Grade
Vocal										
Pilates/Yoga	Day	Time	Movt. Together Adult & Child	Day	Time	Social Dance Couples	Day	Time		
Privates										
Pilates	Day	Time	Creative Movement	Day	Time	Scene Study	Day	Time		
Master Classes										
Pre/Post Natal Yoga	Day	Time	Pre-Ballet 4-6 Years	Day	Time	Rehearsal	Day	Time		
Special Events										
Performances										