



We do not have electronic registration; however, you may fill out, print or screenshot and email to [Jesi @ peaceinmotiondance@gmail.com](mailto:Jesi@peaceinmotiondance@gmail.com). Once received, Jesi will contact you to make payment for registration. Thank you.

PEACE IN MOTION DANCE STUDIO: (806) 853-7230

Website: www.pmdancestudio.com Facebook: [@peaceinmotiondancestudio.llc](https://www.facebook.com/peaceinmotiondancestudio.llc) Instagram: [@peaceinmotiondance](https://www.instagram.com/peaceinmotiondance)

PLEASE FILL IN ALL THE BLANKS: CLASSES START SEPTEMBER 8, 2026. Along with this form your registration fee of **\$35.00 (individual)** or **\$60.00 (family with 2 students)** or **\$75.00 (family with 3 or more students)** AND **first month tuition** must be enclosed. Once the form is received with payment, we will contact you as to class times. Most Classes are in the evenings with exception of those scheduled during day hours. . Tuition is due on the first class of each month and late after the **5th**. No pro-rating will be allowed for any classes. Monthly tuition is due regardless of absences and/or holidays. After the **5th** a late fee of **\$35.00** will be added unless prior arrangements made. Registration fees are non-refundable.

STUDENT'S NAME: _____

PARENT'S NAME: _____

ADDRESS: _____ ZIP: _____

HOME PHONE: _____ MOM'S: _____ DAD'S: _____

STUDENT'S AGE: _____ BIRTHDAY: _____

SCHOOL ATTENDING: _____

E-MAIL ADDRESS: _____

PLEASE CHECK TYPE OF CLASS DESIRED:

- | | | |
|--|--|--|
| <input type="checkbox"/> Creative Movement (Tap, Ballet & Tumbling 2½ to 4 yrs.) 1 hr. | <input type="checkbox"/> Contemporary | <input type="checkbox"/> Private \$100- Per Hour |
| <input type="checkbox"/> Combination (Tap, Ballet & Jazz 4 to 6 yrs old) 1 hr. | <input type="checkbox"/> Hip Hop | <input type="checkbox"/> Semi-Private -\$50.00 |
| <input type="checkbox"/> Pre Ballet, Tap & Jazz 30/30/30 combo (6 to 8 yrs) 1.5 hrs. | <input type="checkbox"/> Musical Theater | |
| <input type="checkbox"/> Tap | <input type="checkbox"/> Lyrical | |
| <input type="checkbox"/> Ballet | <input type="checkbox"/> Technique Class | |
| <input type="checkbox"/> Jazz | <input type="checkbox"/> Company | |
| <input type="checkbox"/> Turns & Leaps (Pom Prep) | * ALL COMPANY SIGN-UP NEED PRE APPROVAL | |

Creative or Combination Class - \$90.00
Pre Ballet, Tap, Jazz Combo - \$120.00
Each Additional Class ½ hr & ¾ hr \$50.00
Private Lesson - \$100.00
Registration Fee – see above

30 Minute Class - \$50.00 (includes Tiny Dancer)
45 Minute Class-\$65.00 (all other classes not specified)
Each Additional one hour class \$60.00
Semi-Private (Duet) Class - \$50.00
Recital Fee – see Rules & Regulations

CREDIT CARD: Please include a credit card # to be charged if tuition is not paid by the 5th of the month. The card will be processed on the 5th of the month. Auto-draft is also available upon request. A separate form is needed for auto-draft.

Card Type: _____ # _____ **Exp Date:** _____
CVV: _____ **Zip Code for Card:** _____

I give **PIM DANCE STUDIO** permission to charge my credit card on the 5th of the month if tuition is unpaid.

_____ **Date:** _____
SIGNATURE OF CARD HOLDER

PERMISSION FORM

I UNDERSTAND THAT MONTHLY TUITION IS DUE REGARDLESS OF ABSENCES AND/OR HOLIDAYS AND THAT MAKE-UP CLASSES CAN BE TAKEN DUE TO ABSENCES OTHER THAN HOLIDAYS.

MEDIA WAIVER RELEASE: Students of *Peace In Motion Dance Studio* automatically grant permission to *Peace In Motion Dance Studio* to use their photos and videos for advertising and publicity purposes, inclusive of print advertising, social media postings, educational videos, television, videotaping, or film broadcast in connection with promotional campaigns.

_____ **DATE:** _____ / _____ / _____
SIGNATURE OF PARENT/GUARDIAN

I AGREE TO RELEASE *PEACE IN MOTION DANCE STUDIO* AND ALL STAFF OF LIABILITIES IN REGARD TO ACCIDENTS THAT MIGHT BE INCURRED WHILE MY CHILD IS PARTICIPATING IN CLASSES AT *PEACE IN MOTION DANCE STUDIO*. I ALSO AGREE FOR STAFF AND OR PERSONNEL OF *PEACE IN MOTION DANCE STUDIO* ARE ALLOWED TO SEEK EMERGENCY MEDICAL CARE IF THEY ARE UNABLE TO REACH EMERGENCY CONTACTS AND FEEL THE MEDICAL TREATMENT IS IMMEDIATELY NECESSARY. MY SIGNATURE BELOW CONSTITUTES MY AGREEMENT TO THESE TERMS.

ALLERGIES/HEALTH CONDITIONS: _____

EMERGENCY CONTACT (name & phone number): 1) _____
2.) _____
3.) _____

_____ **DATE:** _____ / _____ / _____
SIGNATURE OF PARENT OR GUARDIAN

