



6246 W. North Avenue
Chicago, IL 60639

Local Motions Registration Form

New Student: _____ Returning Student: _____	Date: _____
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Student Information

Student Name: _____	Parent Name: _____	_____
Address : _____	Phone # (s): _____	Hm _____
_____	_____	Wk _____
_____	_____	Cell _____
School: _____	Grade: _____	Age: _____
Registering for Classes: _____	Day/Time: _____	Total No. _____
_____	_____	_____
_____	_____	_____
Prior Dance Experience: _____	Where: _____	No. of yrs.: _____

*** Household Demographics:** No. in Household: _____ *Optional - This information will be used for funding purposes

Income Level: ___ under \$18,000 ___ \$18,000 – \$27,000 ___ \$27,001 - \$37,000 ___ \$37,001 - \$47,000 ___ above \$47,001

Do you receive the following?
 ___ Public Aid ___ Medicare ___ Food Stamps

Payment
 Total for Classes: \$ _____
 Registration Fee: \$ 10.00 per Class
 Grand Total: \$ _____ Form of Payment: ___ Cash ___ Check ___ Money Order

Signature _____ Date _____

* Note: There is a \$20.00 fee for Returned Checks



Emergency Information

Student	M/F	DOB	Address	Hm, Wk & Cell phone	Parent/s Name

Emergency contact person in the event parent's or/ legal guardian can not be reached

Name _____ Relationship _____

In the event that immediate medical treatment is needed and I can not be reached, I here by give permission to the physicians selected by the Local-motions and it's affiliates to hospitalize and secure proper treatment for my child whose name appear agree. I agree that any expenses that may be incurred as result of any sudden illness will be all my responsibility.

I hereby release Local-Motions and its affiliates from any liability for any injury my children or I may sustain. I have received, read and agree to Local-Motions and its affiliates policies and will abide by the policies stated herein. I understand that this form must be signed prior to my, my child and/or children's participation in any activities.

Name of Physician _____ Phone _____

Parent/Guardian Signature _____ Date _____

Promotional Release Agreement

I hereby grant permission to Local-Motions and its affiliates the use of any photos and/or video tape in which I or my child/or children may appear (wards of the state excluded). The usage is inclusive of but not limited to the publication or inclusion in brochures, posters, catalogs, handbooks, banners and broadcast or printed advertisements produced either for free distribution, posting that otherwise will profit Local Motions and it's affiliates. I agree to waive any claim to compensation for any use of said footage.

I hereby give permission for my child to participate in community service work that Local-Motions and its affiliates may participate in and all field trips. I fully accept any and all responsibility for injury she, he and /or I may receive or lost of possessions while participating in to, during and from these activities.

Parent/Guardian Signature _____ Date _____

Parents are required to pick up child/or children at assigned dismissal time. Failure to do so will result in a \$1.00 per minute fine. Late pick up is strongly discouraged.

Local Motions reserves the right to suspend or dismiss any student from the program whose attitude, attendance or conduct is unsatisfactory. Students may not be permitted to class 15 min. after class begins.