

DEVOTION IN MOTION®  
ENROLLMENT FORM

STUDENT'S NAME \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_

PARENT'S NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ OTHER \_\_\_\_\_

WHICH NUMBER IS THE BEST TO REACH YOU AT? \_\_\_ HOME \_\_\_ CELL \_\_\_ OTHER

WE DO MOST OF OUR COMMUNICATION VIA EMAIL. PLEASE GIVE US THE BEST AND ALL EMAIL ADDRESSES SO THAT WE MAY EASILY COMMUNICATE WITH YOU:

EMAIL \_\_\_\_\_

EMAIL \_\_\_\_\_

DANCE EXPERIENCE (How many years?) \_\_\_\_\_

TYPES STUDIED \_\_\_\_\_

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THAT MAY INTERFERE WITH HIS/HER PARTICIPATION IN DANCE CLASSES \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your family currently affiliated with a church? \_\_\_ YES \_\_\_ NO

If yes, where?

\_\_\_\_\_

Is there any information that you feel Devotion in Motion® needs to be aware of in order to serve you and your family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MY CHILD AND I HAVE READ THE RULES AND REGULATIONS BOOKLET (found on the Devotion in Motion® website) THOROUGHLY AND WE UNDERSTAND THE RULES AND REGULATIONS OF DEVOTION IN MOTION®. WE UNDERSTAND THAT DEVOTION IN MOTION® IS A MINISTRY OF THE CHURCH. WE ALSO AGREE TO THE COPYRIGHT POLICY STATED IN THE RULES AND REGULATIONS BOOKLET.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION \_\_\_\_\_

CLASS \_\_\_\_\_ DAY \_\_\_\_\_

TIME \_\_\_\_\_

CLASS \_\_\_\_\_ DAY \_\_\_\_\_

TIME \_\_\_\_\_

CLASS \_\_\_\_\_ DAY \_\_\_\_\_

TIME \_\_\_\_\_

JUNIOR MINISTRY \_\_\_\_\_ SENIOR MINISTRY \_\_\_\_\_

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FOR INTERNAL USE ONLY:

ENROLLMENT FEE PAID \_\_\_\_\_

TUITION PAID \_\_\_\_\_

FAMILY DISCOUNT \_\_\_\_\_

PAID IN FULL DISCOUNT \_\_\_\_\_

COSTUME FEE \_\_\_\_\_

OTHER \_\_\_\_\_

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TOTAL \_\_\_\_\_

CASH \_\_\_\_\_ CHECK \_\_\_\_\_ OTHER \_\_\_\_\_

LOCATION

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