

## **Fall 2025 BABY JAM REGISTRATION**

Tots Last Name:	First Name:				
Age:	DOB:	Gender:			
Street Address:		Apt#			
City:		_State:Zip:			
Adults Last Name:	First Name	Relationship:			
Home phone:	Cell phone:	Work phone:			
Email:					
Pricing per 6 Week session					
•	Add \$5 per class per additional child (s d register at the full price . Minimum f	same family only). If both parents wish to come for class is 3 and maximum is 10.	with		
JAM Dance Academy accepts cl	neck or cash or credit card as form of p	payment.			
Payments can be mailed to JAM	1 Dance Academy, 34453 Center Ridge	Road, North Ridgeville, 44039			
No refunds will be given if child	d does not attend all classes. Paymen	nts must be received 72 hours prior to session			
Thursday 6 week session 9am-	9:45. Class and story time.				
First Session: September 11-0	ctober 16, 2025				
CREDIT CARD PAYMENT: PLEASE PRIN	T LEGIBLY				
CC#					
EXP DATE:	CV CODE:	ZIP CODE FOR CARD:			
I AUTHORIZE THE 5% CONVENIENCE FI	EE FOR THIS CHARGE: X	INITIAL			
AMOUNT TO BE PAID: \$					
<u>Attire</u>					
Anything comfortable for both	you and your child. Street shoes are N	NOT permitted on the studio dance floor.			
Photo Release					
I hereby give JAM Dance Acade outlets. Children's names are r		or videos for advertising, website, or other med	lia		
Yes I give my permission	No. I do not give my permission $\Gamma$	$\neg$			

This signature is required for participation of all minor children. By signing this form, the parent or guardian consents to the minor's participation in all JAM Dance Academy, LLC activities and treatment of any sort deemed necessary by the proper supervisors for any illness or injury resulting from minor's participation in all activities. JAM Dance is not responsible for any injuries sustained.

Signature of parent/guardian_			Date
office use only:			
Date Paid:	Cash or Check#	int	