

**CHECK-IN** for (circle/highlight one):

**TRIAL CLASS**

**PLACEMENT**

*Check-in slip must accompany student into class.*

STUDENT FIRST & LAST NAME/DOB: \_\_\_\_\_

CLASS name + day + time: \_\_\_\_\_

I agree that I will not hold Momentum Music and Dance Academy, its board, instructors or employees, liable for any injury sustained or illness contracted by my child(ren) while a student at Momentum. I give permission for Momentum to take photos of my child for purposes of promoting the academy.

CLASS name + day + time: \_\_\_\_\_

**TRIAL CLASS:** *Trial lessons for group classes are free; however, trial lessons for private lessons, including duos and trios, are not.*

PARENT NAME: \_\_\_\_\_ is your child currently enrolled? Y N

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_