REGISTRATION FORM

Please complete, sign and submit form to:
Dance With Heart, LLC
7373 Hashley Road, Manchester, MI 48158
(517) 902-6614
dancewithheartstudios@gmail.com

PLEASE PRINT

Student's Name_____ Date of Birth_____Age_____Date_____

Address_____City_____Zip_____

Home Phone_____Grade_____

How many years of dance education_____How many years of DWHS education_____

Name of Both Parents or Guardians_____

Cell Phone (Parent #1)_____ Cell Phone (Parent #2)_____

E-mail address (Parent #1)_____(Parent #2)_____

Emergency Contact Person_____ Relationship_____

Emergency Contact Phone_____

How did you hear about DWHS? Website___ Social Media___ Magazine___ Friend___ Other___

Parent's Occupation (Optional) _____

☐ **AUTO-PAY ENROLLMENT**: By checking this box, I consent to enroll my account into auto-pay. I give permission to Dance With Heart, LLC to charge my credit card on file for monthly fees or whenever additional charges arise. Charges can include, but are not limited to, monthly tuition, costume & accessory charges, private lessons and summer camps and/or classes. Should I decide to withdraw from auto-pay, I must provide written documentation for withdrawal and complete, sign and submit the form entitled, Dance With Heart LLC Auto-Pay Withdrawal Form **PRIOR TO THE FIRST OF THE MONTH OF DESIRED AUTO-PAY WITHDRAWAL**.

☐ **DANCE WITH HEART LLC PAYMENT POLICY:** I acknowledge that tuition payments are due on the 1st of each month. DWHS accepts cash, check or credit card (subject to a 3% fee) with a 15-day grace period. A $30 late fee will be assessed to all accounts not paid in full by the 15th of each month. I further understand and agree that valid credit card information is required to be on file at the time of registration as 2 late payments (either consecutively or **non**consecutively), resulting in the account not being brought current, will result in automatic enrollment in auto-pay.

TO REGISTER FOR CLASSES: Please complete the backside of this form with desired classes. Please note if class schedule is not known or if child is undecided at the time of registration, please e-mail studio at dancewithheartstudios@gmail.com.

Location M / A	Teacher	Class Name (Tap, Jazz, etc.)	Day of Week M,T,W,Th	Time of Class	Notes (Allergies etc.)

I UNDERSTAND THAT CLASSES OFFERED AND SCHEDULES MAY CHANGE AT THE DISCRETION OF DANCE WITH HEART, LLC. I AM REQUESTING DANCE WITH HEART, LLC TO ENROLL MY MINOR CHILD IN THE ABOVE CLASSES.

PRINT Parent/Guardian Name

SIGNATURE Parent/Guardian Name

DATE