HEARTBEAT STUDIOS – REGISTRATION FORM

Student Name:_____

Address:_____

City / Sate / Zip Code:_____

Phone: H_____ W_____ C_____

Birth Date:_____

Parents' Names:_____

Parent's address/phone if different than student:_____

_____

Emergency Contact_____Phone_____

Tuition Payment can be by cash, check or credit card, however credit card information is required for all registering students. Heartbeat has a 10-day grace period for payments. Accounts not paid by the end of the grace period will automatically be charged for tuition plus a $10 late fee. No exceptions.

Name on Card_____

Card Number_____ Expiration_____

Card Holder Signature_____

Reoccurring Billing Option for Your Convenience:

By signing the line below you are enrolling in monthly reoccurring billing. You will be charged for tuition on the 1st of each month. There is a ONE TIME $5 administrative fee for this service.

Signature:_____

Medical Information

By signing this form, I understand that while the practice of dance is an inherently potentially dangerous activity, Heartbeat Studios, Inc. is committed to ensuring the highest level of safety possible. In order to ensure the maximum level of safety for all dance instruction participants, Heartbeat Studios, Inc. requires that you note any health or physical problems (including allergies) which you/your child experience. This will provide us with the maximum ability to accommodate such problems. Such problems include (if none, please indicate):

_____Date_____

CLASS ENROLLMENT

Class Code	Class Title	Day	Time	Hours
			Total Hours Taken:	
			See rate chart for monthly tuition:	
If choosing Special Program enter type:			**Rate:**	
			Registration fee for new student(s): $35	
			Registration fee for returning student(s): $20	
			If requesting reoccurring billing, add administrative fee of: $5	
			Total fees due at registration:	

LIABILITY RELEASE

By signing this form, I understand and acknowledge that dance instruction, dance classes and dance practice are inherently potentially dangerous activities. As such, I release Heartbeat Studios, Inc., its instructors, staff, officers, employees and assigns from any and all liability arising from any injury or injuries which I/my child incur while engaging in any such activities. In case of a medical emergency, I hereby authorize the staff of Heartbeat Studios, Inc. to obtain the proper medical assistance (as deemed by calling 911) at my expense for my child or me.

POLICY ACKNOWLEDGEMENT

By signing this form, I acknowledge that I have read, understand and agree to Heartbeat's policies including but not limited to student attire, observation and dancers' etiquette, student safety and discipline, tuition payments, make-up classes, refunds, add/drop notice, attendance, optional dance concert participation and notice disbursement. I understand that if I/my child stop coming to class(es), we will not automatically be dropped from the class(es) and will still be responsible for tuition. I agree to submit a 30-day written notice if I/my child wish to stop classes at Heartbeat and that tuition is charged for the 30-day notice period plus forfeiture of any remaining pre-paid tuition. I understand that annual registration fees are non-refundable and that the first month's tuition of the school year session and any summer session tuition are also non-refundable.

Student Signature (or Parent/Guardian signature if student under 18)

_____Date_____