



REGISTRATION FORM

Please fill out, sign and mail form to:
Dance With Heart, LLC
7373 Hashley Road, Manchester, MI 48158
(517) 902-6614

Student's Name _____ Date of Birth _____ Age _____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ Cell 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) _____

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

Emergency Contact Person _____ Relationship _____

Emergency Contact Phone _____

How did you hear about DWHS? Website ___ Facebook ___ Instagram ___ Newspaper ___ Friend ___ Other _____

Parent's Occupation (Optional) _____

Interested in Auto Pay: Yes / No

TO REGISTER FOR 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.)

Please see back for additional space and studio policies. Signature is required.

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 ENROLL MY MINOR CHILD IN THE ABOVE CLASSES.

_____ **PRINT** Parent/Guardian Name

_____ **SIGNATURE** Parent/Guardian Name

_____ **DATE**