



# Dance Registration Form

#6 Fisher Crescent, Okotoks

**Mailing Address**

Heart To Sole Danceworks  
 Box 125 Okotoks, AB, T1S 1A4  
**Phone:**403-995-9630

**Email:** hearttosole@telus.net

Students Surname: \_\_\_\_\_

Students First Name: \_\_\_\_\_

Date of Birth: DD / MM / YYYY

Age as of September 1<sup>st</sup>: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone # \_\_\_\_\_

Classes Registering In:	Day & Time
1.	@
2.	@
3.	@
4.	@
5.	@
6.	@
7.	@
8.	@
9.	@
10.	@

**Total number of Hours Dancing:** \_\_\_\_\_ *hours* Add \$10.00 Stretch & Conditioning yes / no / included

**Total Monthly Fees \$** \_\_\_\_\_

Previous Dance experience:

Does your child have any medical concerns or allergies we should be aware of? Yes / No

If yes, please explain: \_\_\_\_\_

Where did you hear about Heart to Sole Danceworks \_\_\_\_\_

*Dance classes run from September to June and are charged a monthly flat rate. Additional expenses (ie. costumes, dancewear, exams, competition and recital tickets) will be in addition to monthly fees and are the responsibility of the dancers Parent/Guardian unless otherwise stated.*

**\*\* Spaces will not be held without completed registration forms and all payments arranged \*\***

## Heart to Sole Danceworks Policies, Waiver and Expectations:

### Payment:

1. Monthly fees can be made by post-dated cheque (made payable to Heart to Sole) or pre-authorized credit card (visa or mastercard) dated the 1<sup>st</sup> or the 15<sup>th</sup> of each month. **Fees paid by Cash must be secured with a credit card.**
2. All other expenses can be paid by cash, cheque, debit, visa or mastercard.
3. Registration fees, September and June fees are due at the time of registration. These fees are non-refundable once registration has been accepted. **Initial** \_\_\_\_\_
4. All NSF cheques and returned payments will be subject to a \$15.00 administration fee.
5. A 10% Family Discount will be offered for families with more than 1 (one) child registered. The lesser of the fees will be discounted.
6. **All invoices PAST DUE 15 days or more will automatically be charged to the credit card on file. Initial** \_\_\_\_\_
7. A non-refundable \$50.00 costume deposit/class post-dated **February 20<sup>th</sup>** is due at Registration. Payment can be made with either a post-dated cheque or visa/mastercard.

**Preferred Method: Cheque** \_\_\_\_\_ **Credit Card** \_\_\_\_\_ **Initial** \_\_\_\_\_

### Cancellation and Refund Policy:

1. One month's written notice (email or letter will only be accepted), dated the first of the upcoming month is required when withdrawing from a class. No refunds will be given after February 1<sup>st</sup> of the current dance year. **Initial** \_\_\_\_\_
2. All refunds will be charged a \$25.00 administration fee.
3. Due to predetermined class sizes and for the benefit of all dancers, there will be no make-up classes for missed classes.

### Parent and Dancer Expectations:

1. All parents and students will behave in a professional, respectful and morally acceptable manner while at the studio, speaking in regards to the studio or its employees or in attendance of any studio function. Any behavior deemed harmful to the well-being of the studio, its employees or students could be grounds for immediate dismissal with no refund.
2. Students are expected to arrive ready and focused for all classes and maintain an acceptable attendance percentage. Proper dancewear and hair should be worn to all classes.
3. Please keep sick and contagious students at home (chronic coughing/runny nose, fever, stomach viruses or symptoms). Students not fit for class will be sent home. Dancers who are well enough are asked to come and watch classes.
4. Classes run on a **10 month commitment and are scheduled from September to June**. Please take this into consideration when registering your child for classes.
5. Due to scheduling, Dance Instructors are unable to have parent meetings during class time. Please address any concerns with the Director or have the front desk arrange a mutually acceptable meeting time.

**By signing this form I agree to all terms and conditions outlined by Heart to Sole Danceworks**

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

### Liability and Insurance Waiver:

Heart to Sole Danceworks will not be held responsible for lost or stolen property. Please leave all valuables at home. Dance, by its nature involve certain elements of risk which involve a potential for bodily injury (which may include, but are not limited to pulled muscles, knee and ankle injuries). I acknowledge this risk and agree to permit my child to participate. The applicant agrees that Heart to Sole Danceworks will not be held responsible for any loss or accidents and agrees to release same from all claims or damages which may result of, or by any reason of, such loss or accidents. The company reserves the right to request any applicant to withdraw from the dance season prior to its termination if, in the opinion of the company or the instructors, the applicant is not acting in a reasonable manner. The company reserves the right to cancel, with proportional refund, any class or session due to circumstances that are not to the benefit of the applicants or the studio.

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

## Heart to Sole Danceworks Payment Form 2018-2019

**Monthly Fees** \$ \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_ (\$25/Dancer or \$40/family)

September Fees + \$ \_\_\_\_\_

June Fees (1/2 month) + \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Authorization # \_\_\_\_\_ Date: \_\_\_\_\_, 2018

**I will be paying by:**      **Post-dated Cheques** \_\_\_\_\_      **Preauthorized Credit Card** \_\_\_\_\_

*If paying by preauthorized credit card please fill out the following:*

I CARDHOLDER NAME authorize Heart to Sole Danceworks to charge my VISA / Mastercard (please circle one) for my monthly dance fees in the amount of \$ \_\_\_\_\_ on each \_\_\_\_\_ 1<sup>st</sup> or 15<sup>th</sup> day of the month for October 2018-May 2019.  
 Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Customer Signature: \_\_\_\_\_

*For Office Use*

### Remaining Monthly Payments and Costume Deposit:

Date	1 <sup>st</sup> / 15 <sup>th</sup>	Amount	Payment Method	Auth #	Date Processed
October		\$ _____	M/C Visa Debit Cash CHQ		
November		\$ _____	M/C Visa Debit Cash CHQ		
December		\$ _____	M/C Visa Debit Cash CHQ		
January		\$ _____	M/C Visa Debit Cash CHQ		
February		\$ _____	M/C Visa Debit Cash CHQ		
March		\$ _____	M/C Visa Debit Cash CHQ		
April		\$ _____	M/C Visa Debit Cash CHQ		
May		\$ _____	M/C Visa Debit Cash CHQ		
<b>Costume Deposit</b>		<b>\$50.00 x _____</b> = \$ _____	<b>M/C Visa Debit Cash CHQ</b>		<b>Feb 20<sup>th</sup></b>