

Hart Dance Academy

Registration Form 2017-18

Please fill out the information below for your family and each dancer, including the classes you would like to register for. For Combo classes, please rank your choices for class times below.

Parent(s) Name: _____ Home Phone Number: _____
 Street Address: _____ Cell Phone Number: _____
 City, State, ZIP: _____ Email Address: _____

Dancer #1 Name: _____ Birth Date: _____ Age: _____

| # | Style | Teacher | Day | Start Time | End Time | Studio |
|---|-------------------|---------|-----------|------------|----------|--------|
| | Combo 7-9 | | Monday | 6:30 PM | 7:20 PM | C |
| | Combo 7-9 | | Tuesday | 4:30 PM | 5:25 PM | C |
| | Jazz (7-9) | | Monday | 5:30 PM | 6:15 PM | D |
| | Theatre Jazz (7+) | | Wednesday | 5:30 PM | 6:15 PM | D |
| | Hip-Hop (7-10) | | Wednesday | 6:15 PM | 7:00 PM | D |
| | Jazz (7-10) | | Thursday | 7:00 PM | 7:55 PM | D |
| | | | | | | |

Dancer #2 Name: _____ Birth Date: _____ Age: _____

| Style | Teacher | Day | Start Time | End Time | Studio |
|-------|---------|-----|------------|----------|--------|
| | | | | | |
| | | | | | |

Dancer #3 Name: _____ Birth Date: _____ Age: _____

| Style | Teacher | Day | Start Time | End Time | Studio |
|-------|---------|-----|------------|----------|--------|
| | | | | | |

To register:

1. Verify that all information on the above form is complete, including an email address.
2. List your desired class time(s). For Combination and Pre-Combo classes, please list at least a second option in case your first choice is full. You may assume you get your first choice unless we call you to discuss.
3. Return this form, along with your registration payment of \$20 for one student and \$30 for an entire family to the studio (by mail at 4747 Pioneers Blvd. Suite 200, Lincoln, NE 68506 or at an enrollment open house).

We are now using an **automatic withdrawal system** for tuition payments. The first tuition payment is due September 1st. A confirmation email with your final tuition rate and class schedule will be sent in early August. It's important we have a current email address listed on your registration form. DANCE STARTS WEDNESDAY, SEPTEMBER 6!

Name on Account: _____ Financial Institution: _____
 Routing Number: _____ Account Number: _____
 X _____ Date _____

Please sign and return to HDA by July 1 to confirm enrollment in the classes you have selected above AND to give permission to charge your tuition due on the first of each month. Please INCLUDE your registration fee with this form.

 Tuition Rate: _____ Code: _____ Registration Fee: _____