

DANCE FROM THE HEART KINDERHEART REGISTRATION



Student's Full Name: _____

Nickname (if any): _____

Address: _____

Home Phone #: _____

Cell/Work Phone #: _____

Age (as of Dec. 1st this year): _____

D.O.B.: _____

Name of Siblings that also take dance here: _____

Interested in taking (Check one):

_____ Pre-school I (tap and ballet)

age:3

_____ Pre-school 2 (tap and ballet)

age: 4

_____ Kinderhearts (tap and ballet)

age :5

_____ Tumbling

age 3-5

Class time that is most convenient for you: (check one)

_____ after 5 pm

_____ between 2-5 pm

_____ either



*I, as the legal parent or guardian of the above child, agree to not hold "Dance from the Heart" responsible for any injuries or mishaps that may occur while my child is studying the art of dance

X _____ Date: _____

Classes will be filling quickly so please turn in ASAP along with one time yearly registration fee
\$10-Present Dance from the Heart student
\$20-New student