



2520 eastern se, grand rapids, michigan 49507
(616) 245-9501 • www.heartsinstepdance.org

REGISTRATION INFORMATION

Main Studio North Studio South Studio

STUDENT #1 Birthdate Class Name / # Day Time Fee
STUDENT #2 Birthdate Class Name / # Day Time Fee

CLASS FEE MONTHLY TOTAL

Parent/Guardian Name Address Phone # Cell Phone # Email
Emergency Contact & Relation to Student Phone # Cell Phone #
Other Information

TUITION PAYMENT OPTIONS

PAY IN FULL Monthly Total x 9 8% discount SUBTOTAL
PAY BY SEMESTER (EFT REQUIRED) Monthly Total (for Sept-Jan) X 5 Registration Fee \$25.00 \$5.00 \$10 Scholarship Donation TOTAL
PAY PER MONTH (EFT REQUIRED) Registration Fee (new families only) \$25.00 Registration Fee (returning families only) \$5.00 First + Last Month's Class Fee(s) \$10 Scholarship Donation (optional) TOTAL

Checks may be made payable to Hearts In Step. There is a \$15 fee for returned checks.

OFFICE USE ONLY
Cash Check #

Student Withdrawal Policy: If you have paid for the year and withdraw from your class/es before October 31, you will receive a 75% tuition-only refund. If you withdraw from class/es before January 1, you will receive a 50% tuition-only refund. If you withdraw from your class/es before February 28, you will receive a 25% tuition-only refund. No refunds will be given after February 28.

ELECTRONIC PAYMENT (EFT) FORM

I hereby authorize Hearts In Step Christian Dance Academy to debit my CHECKING / SAVINGS Account at the financial institution listed below on the 1st of each month beginning with October 1 in the amount specified below.

I DO / I DO NOT, authorize additional withdrawals as needed for other related expenses including, but not limited to, costumes, dancewear, recital and other fees.

Bank Account No. Routing Number PRINTED Name of Account Holder: TOTAL WITHDRAWAL AMOUNT (Beginning Oct.1)

I understand that tuition may change if the student's class schedule changes.
I understand that H.I.S. will withdraw funds directly from the listed bank account.
I understand that these payments will continue through April 1.
I understand that if I need to change this agreement, I must do so in writing and that confirmation of the change will be returned to me by H.I.S.
Signature Date

PLEASE RETURN THIS FORM WITH A VOIDED CHECK ATTACHED

The Hearts In Step privacy policy can be found online at www.heartsinstepdance.org

Please do not write below this line

Date Accepted By (please print name)
Student Number Student Name
Family Number Family Name