

**PARENT GUARDIAN AGREEMENT
TO HEART OF WORSHIP POLICIES**

I understand what fees will be charged, when they are due and agree to pay for the services rendered. If the fees are not paid, my dancer will not be able to participate in class or Recital. I also, understand that there are NO REFUNDS on any of the fees charged (Registration fee, costume fee, tuition fee, Recital fee- are all NON refundable).

I agree to follow the policies outlined in this packet. Policies discussing: Attendance, arriving to class on time, being quiet in waiting room, wearing proper dress code, (paying tuition fee, costume fee, Recital fee) on time, Anti-bully policy, Medical/health policy and Parent-Guardian Agreements.

I also understand that in the Winter Dance Session, is dancers learn routines to be performed in Recital. All dancers are expected to participate in Recital. Dancers must attend the Dress Rehearsal in order to perform in Recital. No exceptions. If you wish to dance for recreation without Recital, please dance during the Fall Dance

I have read this packet in full, I understand and agree to follow the POLICIES outlined in this packet here at Heart of Worship Dance Ministry LLC.
Session.

I also understand that this is a Christian organization and my dancer will be learning about Jesus, reading scripture and praying. I/We also agree to conduct ourselves in a Godly manner while at Heart of Worship Dance Ministry and any of the Heart of Worship Dance functions, Recitals and Outreaches, since I am representing both Christ and Heart of Worship Dance Ministry.

CUT HERE AND GIVE THE SIGNED PORTION TO YOUR TEACHER

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Signed _____ *Date* _____

Registration Form

Dancer Name: _____

Date of birth: _____ Age as of Sept 1st : _____

Address: _____

Phone: _____ Email: _____

What class/classes are you registering your dancer (*please list class, day, time*):

Does your child have any dance training? If so, what style /how many years: _____

Please note if this is your dancer's 3rd or 5th year of Dance at Heart of Worship:

Let us know if you referred a NEW dancer to Heart of Worship. Put their name here and you may receive a friend referral discount. _____

Does your child have any food allergies, asthma or special concerns the teacher should be aware of? _____

Name of person bringing dancer to class:

Relationship: Cell#

Relationship: Cell#

I give permission to Heart of Worship to take pictures/videos of my dancer(s) and use for advertising/promotional purposes on Facebook and HeartofWorshipDance.com

Yes No

I also know that other parents with dancers in my child's class may take pictures/videos and share on social media, this is out of Heart of Worship's control and I will not hold them accountable.

Signature _____ Date _____