Hearts in Motion
CENTER FOR THE ARTS

Family Registration Form 2007/8

_____
Today's Date

FAMILY ACCOUNT INFORMATION:

Parent/Guardian Name 1: _____

Parent/Guardian Name 2: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone 1: _____Work 2:_____

Cell Phone: _____ Email Address: _____

Emergency Contact: _____ Phone: _____ Relation: _____

How did you hear about us? ___ Big Yellow Pages ___ Local Red Yellow Pages ___ Shepherd's Guide

___ Clipper Magazine ___ School Newspaper ___ Community Newsletter ___ Walk-by/Signage

___ Newspaper ___ Brochure/Flyer/Postcard ___ Internet __Other:_____

___ Referral by whom? _____

STUDENT INFORMATION:

Name	Male/Female	Date of Birth	School	Grade

Do the above students have any special conditions that the studio should be aware of?

If so, please explain: _____

PAYMENT AUTHORIZATION:

Payment method (check one): ___ **Automatic Credit Card;** ___ **Auto Check;** ___ Monthly (+$10/mo)

I hereby authorize Hearts in Motion (HIM) to charge my monthly tuition payment and related fees to my credit card on the first of each month due.

MC Visa Discover _____ _____
(Circle One) Card Number Expiration Date

_____ _____
Name on Card Signature

Received by: _____ (HIM staff member)