

betty hill dance



"building confidence that lasts a lifetime"

appropriate, quality, happy dancing!

1233-73rd Street, Windsor Heights IA 50324, (515) 277-8333

www.bettyhilldance.com

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2023-24 ENROLLMENT FORM

Required for a student to be enrolled. Please print legibly and complete every section.

Dancer Information

Dancer's Last Name _____ First Name _____ Middle Name _____
Birth Date _____ Age on 9/15/2023 _____ Grade _____ School Attending _____
Dancer Street Address _____ City _____ Zip Code _____ Home Phone _____
Dancer Email _____ Dancer Cell Phone _____ Year First Enrolled _____
Last Year's Main Class _____ Relatives Who Are Betty Hill Dance Alumni _____

Parent of Record Account Information (This the person who pays tuition and is referred to as the Parent of Record)

The Responsible Adult (Primary Contact) is the person responsible for paying the account and a person who can legally speak on behalf of the student. **The parent, guardian, or relative responsible for payment must complete and sign the following section.**

Responsible Adult Full Name _____ Cell Phone _____ Home Phone _____
Street Address (if different from dancer) _____ City _____ Zip Code _____
Responsible Adult Email _____ Employer _____ Work Phone _____

By enrolling my dancer, I acknowledge that I have read and will follow the 2023-24 class information, fee schedule, and studio policies for my dancer. The BHD mission is to create a family-friendly, positive environment for our dancers and families. By signing, the parent of record agrees to and will follow our class, payment, and studio policies.

Responsible Adult Signature _____ Date _____ Relationship to Dancer _____

Which studio location will be your dancer's "main" studio? (Circle One) WH WDM

Are you enrolling more than one dancer? ____Yes ____No If yes, please list the full name/s of other dancer/s:

Additional Parent or Contact Information (Please fill out entirely.)

Additional Parent/Relative Full Name _____ Cell Phone _____ Work Phone _____
Email _____ Relationship to Student _____
Street Address _____ City _____ Zip Code _____
Responsible Adult Signature _____ Date _____ Relationship to Dancer _____

Health Information—Explain any physical, academic, or emotional challenges which may affect this dance student's learning:

Emergency Information: If we are unable to reach the Parent of Record or contacts above, we need to know the name of a relative or close friend we should we call in an emergency? (Not a person listed above or studio employee)

Adult Full Name _____ Relationship to Dancer _____ Cell Phone _____

Work Phone _____ Doctor's Full Name _____ Phone _____

Please list all email/s we should use for sending BHD updates and for online classes or videos (if used)?

Dancer email/s:

Parent email/s:

Bring or mail this form and your payment to Betty Hill Dance, 1233-73rd Street, Windsor Heights, Iowa, 50324.

If you have questions, please call us! Windsor 515-277-8333; West Des Moines 515-223-7333; Text 515-277-3321.