

**REGISTRATION FORM**

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH \_\_\_\_\_

D/M/Y

PARENT(S) \_\_\_\_\_ NAME ON CHEQUE \_\_\_\_\_

If Applicable

ADDRESS \_\_\_\_\_ POSTAL \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_ (please print clearly)

**CLASSES**

	Name of Class	Day of Week	Time
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

**TOTAL NUMBER OF HOURS PER WEEK:** \_\_\_\_\_

**PAYMENT:**    **MONTHLY**     **QUARTERLY**     **TERM**     **FULL**

There are no refunds for missed classes. Students may make up classes that fall on a holiday in their level. Withdrawal by phone is not accepted. In the event of withdrawal, one month paid notice is given in writing. Remaining cheques will be destroyed or can be returned for a \$20. fee until Nov.30. **There are no refunds after Dec. 1, 2015.** NSF cheques are subject to a \$25. fee.

Costume deposits are non refundable.

I hereby certify that I, or my child, is in good physical condition and is able to participate fully in this program. All current medical conditions requiring medication are outlined on the back of this form.

I, \_\_\_\_\_ release Katelyn Pemoeller and Michael Borger, Industria Dance Centre and its teachers from liability in case of accident or injury. I understand that trained instructors will conduct classes in the safest possible manner.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

**THE \$20. REGISTRATION FEE AND ALL CHEQUES MUST ACCOMPANY REGISTRATION**

FOR OFFICE USE ONLY:

MONTH	AMOUNT	CHEQUE	VISA/MC/DEBIT	CASH
SEPTEMBER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCTOBER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOVEMBER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DECEMBER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JANUARY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEBRUARY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MARCH		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APRIL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUNE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REGISTRATION	20\$	CHEQUE <input type="checkbox"/>	VISA/MC/DEBIT <input type="checkbox"/>	CASH <input type="checkbox"/>
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COSTUME DEPOSIT	\$AMOUNT & DATED	CHEQUE <input type="checkbox"/>	VISA/MC/DEBIT <input type="checkbox"/>	CASH <input type="checkbox"/>
# OF:				

FITNESS TAX CREDITS

YEAR 2016	
YEAR 2017	