

Chantal's Dance Academy

Registration Form

Student's Name:	Birth Date:
<u>Full</u> Mailing Address:	Phone Number:
	Cell Number:
Parent(s) Name(s):	E-Mail (Mandatory):
Emergency Contact:	Contact Number:
Allergies/Medications:	Health Card:
	How did you hear about CDA?

I would like to register for*:

Type(s) of Class(es): _____

Preferred Day(s): _____

Preferred Teacher(s): _____

*To be confirmed by office

I, the undersigned, give my daughter/son/self permission to participate in **Chantal's Dance Academy** and agree to pay all of the fees outlined and I have read the Studio Policies and Procedures, the fee Schedule, and the information package. I allow any photo's and/or videos taken of my child to be used for promotional purposes. The undersigned also understands, and agrees that Chantal's Dance Academy reserves the right, at any time, to void the membership for any action by the member that the school deems unsuitable or dangerous. I hereby release Chantal's Dance Academy, its staff members, and volunteers, in particular Chantal Chretien, from all claims for damages/injuries arising from participation by myself and/or my child, during any program or in any facility or in any location where a program is held. I hereby give permission to have staff members arrange for any emergency medical care including transportation if necessary. I will allow my son/daughter to attend and will arrange transportation to & from any of the competitions. I understand that dance is a team sport and we will work as a team for this full year commitment. The student agrees to work hard, respect all the teachers and students involved with the team. The student also agrees to show respect to all competition staff and other schools they encounter at all the competitions. I understand that my child can not participate in class if he or she is late, or not in proper dance attire due to safety. I will check the "Communications Board" weekly, and read regular newsletters, email, and all available handouts.

 Director's Signature Parent(s) Signature Student Signature Date

OFFICE USE ONLY

Please Circle Category	Team A	Team B	Recreational
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	Class	Day	Time	Length	Class Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	<i>Subtotal</i>				
	<i>Discount If Applicable</i>				
	<i>GST</i>				
	Total Fee				

Description	Amount	Invoice#	Payment Type	Date Paid
Registration Fee				
Costume Deposit #1				
Costume Deposit #2				
September Fee				
October Fee				
November Fee				
December Fee				
January Fee				
February Fee				
March Fee				
April Fee				
May Fee				
June Fee				
Term One				
Term Two				
Full Year				
Competition Fee's				
Solo/Duet/Trio Fee's				