

**THE DANCE CENTRE**  
REGISTRATION 2011-2012

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_ BIRTH \_\_\_\_\_  
D/M/YR

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

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

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

EMAIL \_\_\_\_\_

**CLASS / DAY / TIME**

1. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 6. \_\_\_\_\_

3. \_\_\_\_\_ 7. \_\_\_\_\_

4. \_\_\_\_\_ 8. \_\_\_\_\_

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, 2011.** NSF cheques are subject to a \$20. 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 Joanne Tokaryk, The 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:	MONTHLY [ ]	QUARTERLY [ ]	TERM [ ]	VISA/MC [ ]
SEPT.	_____	FEB.	_____	
OCT.	_____	MAR.	_____	
NOV.	_____	APR.	_____	
DEC.	_____	MAY	_____	
JAN.	_____	JUNE	_____	
COSTUME DEPOSIT: _____ X \$ 35. = _____ DATED _____				
NOTES: _____				
_____				

<b>Fitness Tax Receipt</b> - please retain for tax purposes. Copies are subject to a \$10. fee.	
Amount Eligible for 2011 Child Tax Fitness Credit (Jan. June)	\$ _____
Amount Eligible for 2011 Child Tax Fitness Credit (Sept - Dec)	\$ _____
<b>THE DANCE CENTRE</b>	