



GENERAL REGISTRATION FORM
 1800 Appleby Line, Burlington
 905 632 5608
www.thedancestation.ca

STUDENT INFORMATION

Name _____
 Date of Birth (MM/DD/YYYY) _____ / _____ / _____ Age _____ Sex F M
 Health Concerns _____
 Health Card # _____

FAMILY INFORMATION (*MANDATORY FIELDS)

*Parent/Guardian Name _____
 *Address _____ *City _____ *Postal Code _____
 *Home OR Cell Phone# _____ Emergency Phone# _____
 *E-mail _____ Yes, please send me monthly e-Newsletters

Class Name	Day	Time	Fee	Class Name	Day	Time	Fee
1.				6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			
IF 1st CLASS CHOICE is FULL, LIST 2ND CLASS CHOICE BELOW: (optional)							

PAYMENT INFO & TERMS –PLEASE READ CAREFULLY – ALL FORMS & PAYMENTS ARE REQUIRED TO HOLD A PLACE IN CLASS

TO REGISTER, SUBMIT ALL PAYMENTS DETAILED BELOW WITH THIS FORM SIGNED & COMPLETED.

- I. **\$25 REGISTRATION FEE** | NON-REFUNDABLE. | Due day of registration. 1 per family.
- II. **\$100 COSTUME FEE PER CLASS** | NON-REFUNDABLE AS OF NOV 1, 2018.
 a. Cheques can be dated Nov. 1, 2018. Credit Cards will be automatically charged on Nov 1.
- III. **TUITION FEE**
 a. 1 TUITION PAYMENT - Save 5% till September 10, 2018 ONLY! Payable by Cash, Cheque dated Sept. 1, 2018 OR Credit Card Authorization form
 b. 9 EQUAL INSTALLMENTS- Submit VOID Cheque & Auth Form by Aug 15, Credit Card Auth Form OR 9 postdated cheques: 1/09/18 thru 1/05/19

GENERAL RELEASE FOR ALL PROGRAMS PARTICIPANTS; On behalf of myself, my heirs, personal representatives or assigns, or as the legal guardian of the minor registrant, do hereby release, indemnify and save harmless, waive and forever discharge The Dance Station Inc, it directors, employees, volunteers from liability for any and all claims resulting in personal injury, accidents or illness (including death) and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises or equipment. I also authorize The Dance Station Inc to obtain any medical care deemed necessary in the event of an injury and agree to pay for any resulting medical expenses. By signing this form, I acknowledge having read, understood and agreed to this waiver, releases and indemnity.

BY SIGNING BELOW, I AGREE TO THE PAYMENT TERMS ABOVE & ALL TDS POLICIES & PROCEDURES, INCLUDING GENERAL RELEASE, RECITAL, COSTUME & CANCELLATION POLICIES.

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____

----- FOR OFFICE USE ONLY ----- FOR OFFICE USE ONLY -----

Payment Method: Void Chq# (till 08/15 only) _____ Post Dated Cheques Credit Card: VISA | MC Cash
 Payment Plan: 1 Tuition Payment (SAVE 5%) 9 Equal Tuition Installments Other: _____

REG FEE NON-REFUNDABLE DUE TODAY	Tuition Fees										Costume Fees NON- REFUNDABLE NOV 1	TOTAL
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May			
CHQ#												
\$25											_____ x \$100 =	

Last name on cheques (if different from students last name) _____
 Authorized Signature _____

OFFICIAL TAX RECEIPT / RETAIN CARBON COPY OF THIS FORM FOR INCOME TAX PURPOSES / OFFICIAL TAX RECEIPT