

STUDENT INFORMATION

Name _____

Date of Birth (MM/DD/YYYY) _____ / _____ / _____ Age _____

Health Concerns _____

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.				4.			
2.				5.			
3.				6.			
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. \$35 REGISTRATION FEE | NON-REFUNDABLE. | Due day of registration. | per family.

II. \$125 +HST COSTUME FEE PER CLASS | NON-REFUNDABLE AS OF NOV 1, 2025
a. Cheques can be dated Nov. 1, 2025. Credit Cards will be automatically charged on Nov 1.

III. TUITION FEE
a. 1 TUITION PAYMENT - Save 5% till September 30, 2025 ONLY! Payable by Cash, Cheque dated Sept. 1, 2025 OR Credit Card Authorization form
b. 3 EQUAL PAYMENTS - Credit Card Authorization Form OR 3 postdated cheques: 1/09/25 1/12/25, 1/03/26

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 (TDS), its 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 TDS's waivers, releases and indemnity.

BY SIGNING BELOW, I AGREE TO TDS'S RELEASE OF LIABILITY, TERMS OF PAYMENT AND ALL TDS'S POLICIES & PROCEDURES, RECITAL PROCEDURES INCLUDING BUT NOT LIMITED TO RECITAL POLICIES, COSTUME PURCHASE & USE POLICIES AND CANCELLATION POLICIES.

DATE: _____

PARENT/GUARDIAN

SIGNATURE: _____

----- FOR OFFICE USE ONLY----- FOR
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Payment Method: Post Dated Cheques

Credit Card: VISA | MC

Cash

Payment Plan: 1 Tuition Payment (SAVE 5%)

3 Equal Tuition Installments

Other:

REG FEE NON- REFUNDABLE DUE TODAY	Tuition Fees			Costume Fees NON- REFUNDABLE NOV 1	TOTAL
	TERM 1: Sep - Nov	TERM 2: Dec - Feb	TERM 3: Mar - May		
CHQ#					
\$35				___ x \$125+HST =	

Last name on cheques (if different from students last name)

Authorized Signature
