

Registration Form



Parent/ Guardian's Name _____

Address _____

City _____, ONTARIO Postal Code _____

Day Phone Number _____

Evening Phone Number _____

Other/ Cell Phone Number _____

Email _____

Student's Name _____

Age/ Birthday _____ / _____

Gender _____

Medical or Behavioural Conditions

Allergies _____

Health Card Number (optional) _____

Emergency Contact _____

Relationship _____

Telephone Number(s) _____

Is it ok for the participant to have food treats on special occasions? Y N

We will be taking a professional portrait of each class, as well as video recording classes for instructional purposes, and recording the performance. These portraits/ DVDs may be used for marketing in the future. Please initial that this is OK. _____

Program _____

Frequency of Payment Monthly / Annually / Semiannually

Method of Payment Cheques / Cash / Visa / Mastercard / Email

Fees include HST - Monthly payments Sept- May (9), Semiannual Sept & Jan (2)

40 minute classes	60 minute classes	90 minute classes
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\$40/ mth	\$45/ mth	\$55 /mth
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\$360/ yr	\$405/ yr	\$495/ yr
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Essa Dance Arts

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