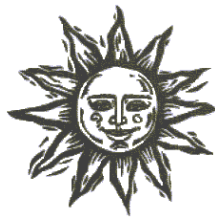


**Office Use Only**  
Program: \_\_\_\_\_



**SummerArts**  
509 Parliament Street  
Toronto, ON M4X 1P3  
www.ccdt.org schoolofccdt@ccdt.org

**Office Use Only**  
Date rec'd: \_\_\_\_\_  
Paid in full:   
Receipt #(s): \_\_\_\_\_  
Package sent: \_\_\_\_\_  
(date)

# Registration Form

## Student Information

LAST NAME _____	FIRST NAME _____	
ADDRESS _____		
CITY _____	PROVINCE _____	POSTAL CODE _____
BIRTHDAY (Day/Month/Year) _____	AGE (AS OF JULY OF THIS YEAR) _____	
HOME PHONE _____	BUSINESS PHONE _____	
NAME OF PARENTS/GUARDIANS _____	EMAIL ADDRESS _____	
EMERGENCY PHONE NUMBER _____	ALLERGIES/MEDICATIONS _____	

## Release Form

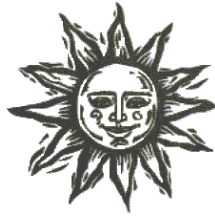
NAME OF STUDENT \_\_\_\_\_

I hereby certify that my child is in good physical condition and is able to participate fully in this program. All current medical conditions are outlined on this form. I understand the inherent risk involved in the physical activity of dancing and I release School of CCDT and its teachers from liability in case of accident or injury. I understand that all classes will be conducted in the safest possible manner by trained professional instructors.

NAME OF PARENT/GUARDIAN \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

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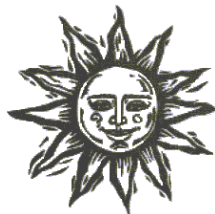
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# Registration Form **Please check the appropriate boxes and remit payment to "School of CCDT":**

FULL DAY PROGRAM  Early Payment, by May 23, 2008 (\$360CDN)  Regular Payment, by June 27, 2008 (\$395 CDN)  
or  
HALF DAY PROGRAM  Early Payment, by May 23, 2008 (\$250CDN)  Regular Payment, by June 27, 2008 (\$270 CDN)

Method of Payment:  Please find my cheque enclosed  Please charge fees to my VISA (\$7 additional surcharge applies)

VISA Card #: \_\_\_\_\_ Expiry Date: \_\_\_/\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Your contact information will remain in our possession for company/school purposes only. If you do not wish to receive future mailings, please check here

School of CCDT staff will be taking photographs throughout the course of SummerArts. These photographs will be used solely for the promotional purposes of School of CCDT in upcoming years. The children will not be named in these materials. In signing the form below I waive all rights to the photographs and allow them to be used for their intended purposes. I understand that no fee or reimbursement for the images will be offered.

\_\_\_\_\_  
Signature of Parent/Guardian  NO, I do not wish photos of my child to be used.

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