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the school of canadian contemporary dance theatre est. 1983

schoolofccdt@ccdt.org
wwwccdt.org

# 2014/15 REGISTRATION FORM

## *Student information* ☐ *RETURNING student* ☐ *NEW student*

***First** Name:* _____ ***Last** Name:* _____

***Address**:* _____ ***Email** Address:*_____

***City**:* _____ ***Province**:* _____ ***Postal Code:*** _____ ***M*** ☐ ***F*** ☐

***Hm.** Phone:* _____ ***Cell** Phone:* _____ ***Birthdate**:* _____/_____/_____ ***Age*** _____
*MM DD YR as of Sept 2014*

*Allergies/ Medications:* _____

## *Parent/Guardian information*

***Mother's Name**:* _____

*Mother's **Address:*** _____

*Mother's **Email:*** _____ *Mother's **Cell:*** _____

***Father's Name:*** _____

*Father's **Address:*** _____

*Father's **Email:*** _____ *Father's **Cell:*** _____

***Emergency** Contact Name:* _____ ***Phone**:* _____

*How did you hear about the **School of CCDT?*** _____

## *Release Form*

*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 all classes will be conducted in the safest possible manner by trained professional instructors.*

***Name** of Parent/Guardian:* _____ ***Signature**:* _____ ***Date**:*_____

## *Withdrawal/Refund Policy*

*I understand that all fees are **non-refundable.** Students withdrawing must provide written notice of withdrawal before the next installment is due; otherwise payments will be processed and no refund will be granted. **Full year payments are non-refundable.***

***Signature**:* _____ ***Date**:*_____

## *Email and Mailing Address*

*I would like to be on the postal and electronic mailing lists. I understand that my **contact info** will remain in the possession of CCDT for company/school purposes only.*

***Signature**:* _____ ***Date**:*_____

## *Photo/Video Release*

*I hereby give the School of CCDT the right and permission to publish, without charge, photographs or video taken of my child participating in classes at the School of CCDT. These photographs/videos may be used in publications, including electronic publications or in audiovisual presentations, literature, advertising or in similar ways. I **waive all rights** to the photographs and allow them to be used for their intended purposes. I understand that **no fee or reimbursement** will be offered.*

***Signature**:* _____ ***Date**:*_____

*If you do NOT wish photos/videos of your child to be used, check here.* ☐

## THIS SIDE FOR OFFICE USE ONLY

**CLASS # 1:** _____ **LEVEL:** _____ **DAY:** _____ **TIME:** _____ - _____

**CLASS # 2:** _____ **LEVEL:** _____ **DAY:** _____ **TIME:** _____ - _____

**CLASS # 3:** _____ **LEVEL:** _____ **DAY:** _____ **TIME:** _____ - _____

**CLASS # 4:** _____ **LEVEL:** _____ **DAY:** _____ **TIME:** _____ - _____

**CLASS # 5:** _____ **LEVEL:** _____ **DAY:** _____ **TIME:** _____ - _____

**CLASS # 6:** _____ **LEVEL:** _____ **DAY:** _____ **TIME:** _____ - _____

**CLASS # 7:** _____ **LEVEL:** _____ **DAY:** _____ **TIME:** _____ - _____

***Program Fees*** *– All fees include HST*

| | | | |
|---|---|---|---|
| Class One Hour Long or Less | 1 Class **$770.00** | 2 Classes **$1535.00** | 3 Classes **$2290.00** |
| Class More than One Hour | 1 Class **$905.00** | 2 Classes **$1810.00** | 3 Classes **$2700.00** |
| Pre-Professional (4+ Classes) | 5th & 6th class are FREE ..... **$3330.00**<br>up to 6 classes only - each class over 6 is a discounted rate of $693.00 | | |

***Total Course Fees:*** _____

***Family Discount*** _____ ***5% discount for each enrolled sibling***

***ALL additional fees due at time of registration – Late charges apply to all late payments***

***Costume Fee*** _____ ***$50 for 1 class / $85 for 2 classes / $115 for 3 classes***

***Administrative Fee**** _____ ****$35.00 fee waived if full payment is made at time of registration***

***VISA processing fee*** _____ ***$7.00 for payments $499 and under / $10.00 for payments $500 and over***

***1st installment:*** _____ *Date:* _____ / _____ / _____ ☐ *Cheque* ☐ *Debit* ☐ *Visa* ☐ *Cash*
*Due at Registration*

***2nd installment:*** _____ *Date:* _____ / _____ / _____ ☐ *Cheque* ☐ *Debit* ☐ *Visa* ☐ *Cash*
*Due December 6th if 3 installments*
*Due January 10th if 2 installments*

***3rd installment:*** _____ *Date:* _____ / _____ / _____ ☐ *Cheque* ☐ *Debit* ☐ *Visa* ☐ *Cash*
*Due March 7th*

***Payment Agreement:***
***I authorize the School of CCDT to debit the above payments from my VISA below.***

***VISA*** *card number:* _____ _____ _____ _____ ***Exp:*** _____ / _____ ***3 Digit Code:*** _____

*Name on card:*_____ *Signature:*_____

*Today's Date:* _____ / _____ / _____ ☐ *Phone Authorization*