

Stouffville Academy Of Music & Dance

SUMMER REGISTRATION FORM

Student Name: _____ Birthday _____ (day/month/year) Age: _____ (As of 1st day of program)

Parent's Name: _____ Email: _____

Street Address: _____ City: _____ Postal Code: _____

Phone Home: (905) _____ Cell: _____ Business: _____

Medical (conditions we should be aware of): _____

How did you hear about us? Yellow Pages / Internet / Newspaper / Brochure / Friend: _____ (Please name) / Other: _____ (Please specify)

To Register:

Check the programs and sessions that represent your child's age* and interests, listed below. Fill out & return this form with your payment to the studio.

**Students must register in their appropriate age category. All students will be assessed the first day of classes to ensure they are placed in a level that is appropriate for them.*

PLEASE SELECT PROGRAM(S) & CALCULATE TUITION:

✓	CLASS	DAY/TIME	TUITION	HST	TOTAL
	Summer Arts Program 3 – 5 Yrs	July 12 - 16	\$149	\$19.37	\$168.37
	<i>Dance Camp</i>	<i>July 12 - 16</i>	<i>\$199</i>	<i>\$25.87</i>	<i>\$224.87</i>
	Summer Dance Camp-Before/After Care	July 12 – 16	\$65	\$8.45	\$73.45
	<i>Summer Arts Program 3 – 5 Yrs</i>	<i>July 19 – 23</i>	<i>\$149</i>	<i>\$19.37</i>	<i>\$168.37</i>
	<i>Dance Camp</i>	<i>July 19 – 23</i>	<i>\$199</i>	<i>\$25.87</i>	<i>\$224.87</i>
	<i>Summer Dance Camp-Before/After Care</i>	<i>July 19 – 23</i>	<i>\$65</i>	<i>\$8.45</i>	<i>\$73.45</i>
	Summer Dance Camp	August 9 – 13	\$199	\$25.87	\$224.87
	<i>Summer Dance Camp-Before/After Care</i>	<i>August 9 – 13</i>	<i>\$65</i>	<i>\$8.45</i>	<i>\$73.45</i>
	Summer Arts Program 3 – 5 Yrs	August 16 - 20	\$149	\$19.37	\$168.37
	<i>Summer Dance Camp</i>	<i>August 16 – 20</i>	<i>\$199</i>	<i>\$25.87</i>	<i>\$224.87</i>
	Summer Dance Camp-Before/After Care	August 16 - 20	\$65	\$8.45	\$73.45
				TOTAL: \$	

REGISTER EARLY TO RESERVE YOUR SPACE! Payment in Full is Due upon Registration.

REFUND POLICY: No refunds will be issued once payment has been deposited.

Release & Waiver (must be signed before student may begin class):

As a student of Stouffville Academy of Music & Dance, I understand that photos of myself and/or my likeness may be used for promotional purposes. My signature hereunder (or that of a parent or guardian for students under 18 years old), gives permission to Stouffville Academy of Music & Dance to do so at their sole discretion.

I understand that participating in a dance or exercise class is a potentially hazardous activity. I should not participate in such activity unless I am medically able. I agree to abide by any decision of the instructor relative to my ability to safely participate in such activity through Stouffville Academy of Music & Dance. I assume any and all risk of injury (including, but not limited to falls, contact with other participants, slipping, etc.), illness, as well as damage to and loss of property occurring on the premises (including the parking lot); all such risks being known and appreciated by me. My signature hereunder (or that of a parent or guardian for students under 18 years old) on this form indicates that I acknowledge that I have carefully read this waiver and release and fully understand that it is a release of liability. I am waiving any right that I may have to bring a legal action to assert a claim against the Stouffville Academy of Music & Dance for any reason.

Additionally, my signature hereunder (or that of a parent or guardian for students under 18 years old) on this form indicates that I have read, understand, and agree to abide by all school rules and policies.

Signature: _____ Date: _____
(Parent or legal guardian signature if under 18 years old)

STOUFFVILLE ACADEMY OF MUSIC & DANCE

Tuition Payment Form:

Billing Name: _____

Student's Name(s): _____

Credit Card Authorization:

I authorize Stouffville Academy of Music & Dance to perform the following electronic funds transfer debits and/or credits from my account identified below for payment due.

Amount: _____

Card Type: _____

Card # _____

Expiration date: _____

Cvv2 #(3 digit number on back of card) _____

Signature: _____

Date: _____