

Stouffville Academy Of Music & Dance

2010/2011 REGISTRATION FORM

Student Name: _____ Birthday _____ (day/month/year) School Grade: _____ Age: _____

Parent's Name: _____ Email: _____

Street Address: _____ City: _____ Postal Code: _____

Phone Home: (905) _____ Bus.: _____ Cell: _____

Medical (conditions we should be aware of): _____

Previous Dance/Music Experience (schools, years of study, etc.): _____

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

To Register:

Choose the classes that represent your child's age*, as of September 2010, and interests. Calculate the total hours per week, refer to the fee schedule for the total dues payable; fill out & return this form with your payment to the studio. Classes begin MONDAY, SEPT. 13 & run until the end of May.

Students must begin the year in their appropriate age category. All students will be assessed the first week of classes to ensure they are placed in a class level that is appropriate for them. Students who show exceptional skill, commitment and progress may be advanced a level at the teacher's discretion and invited to participate in exams and/or audition for the competitive company.

Additional Fees Due at Registration:

Registration Fee: \$25 per student

PLEASE REFER TO OUR TUITION SCHEDULE TO CALCULATE YOUR PAYMENT BELOW:

CLASS	DAY/TIME	MONTHLY TUITION	HST (DANCE CLASSES)
Monthly Tuition Total:			

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

To withdraw from a class, Stouffville Academy must be notified, in writing 30 days before payment is to be 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 scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. I understand the dollar amount can vary depending on services performed.

Card #: _____

Card Type: _____

Expiration date: _____

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

Signature: _____

Date: _____

Post-Dated Cheques:

When paying by cheque TEN cheques, payable to **Stouffville Academy of Music & Dance**, are due upon registration. The first, dated upon registration to include the \$25 registration per student registration fee; the remainder (NINE) to be dated the first of each month, September to May inclusive.

OFFICE USE ONLY

Monthly Tuition: _____

Registration: _____

January: _____

September: _____

February: _____

October: _____

March: _____

November: _____

April: _____

December: _____

May: _____