



The Dance Zone Inc.

Registration Form 2024 – 2025 Season



Student Name : _____

Age : _____ Date of Birth : _____

Address : _____

City : _____ Postal Code : _____

Mom Email : _____

Dad Email : _____

Mothers Name : _____ Fathers Name : _____

Phone #'s : Home _____ Business : _____

: Cell _____ Cell : _____

Payment Method : Credit Card = MC / VS / AE New Student : Yes___ **OR** No ___

The Dance Zone Inc. is not liable for any injuries or theft. Children cannot dance at both locations.
 Any changes to your child's registration can only be done in person or via email with a confirmation reply.
 You authorize The Dance Zone to use photographs and video of your child for promotional / recital purposes.
 If you have more than one child we cannot guarantee they will be performing on the same night of the Recitals.
 Costume deposits are non refundable. Monthly Payment method is credit card only.
 First week of classes starts after Labour Day Monday. No refunds for cancellation of classes of less than 4 weeks.

Signature : _____

OFFICE USE ONLY

 Classes : Recreational / Competitive (PT/FT) Location : Jane / Weston Number of classes taken : _____

Monthly Fee = \$ _____ Discount = _____ Total Received = \$ _____

Teacher : _____ Day : _____ Time : _____

Teacher : _____ Day : _____ Time : _____

Teacher : _____ Day : _____ Time : _____

Teacher : _____ Day : _____ Time : _____

Received by : _____ Date : _____ / 2024

Processed in System : _____ In Class List : _____ Payment Processed : _____