

The Dance Zone Inc.

Registration Form

Student Name : _____ boy / girl

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 _____ **OR** Void Cheque _____ 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 – verbal notices and email are not acceptable.

You authorize The Dance Zone to use photographs and video of your child for promotional / recital purposes.

Both email addresses are mandatory as this will be our method of information for clients.

If you have more than one sibling we cannot guarantee they will be performing on the same night of the Recitals.

Costume deposits are non refundable. Monthly Payment method is either credit card or void cheque only.

First week of classes starts after Labour Day Monday. There are no refunds for less than 4 weeks of classes.

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 : _____ / 2020

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