

Kingston School of Dance Registration Form

Student Name:		DOB:	Age:
Health Card #:			
Parent/Guardian Name:		Relationship to Student:	
Address: City/Town: Postal Code:		Telephone (home):	(work):
		Email:	
Emergency Contact Name:		Relationship to Student:	
Address: City/Town: Postal Code:		Telephone (home):	
		Telephone (work):	

Class Information

Term 1				Term 2			
Class	Day	Time	Hours	Class	Day	Time	Hours
Total Class Hours			hrs	Total Class Hours			hrs
Performance Fee			\$0.00	Performance Fee			\$50.00
Total Class Fees (Term 1)			\$	Total Class Fees (Term 2)			\$

Payment Options

Term 1			Term 2				
Paid in Full:		Cheque #: _____	Paid in Full		Cheque #: _____		
YES	NO	Cash: YES NO	YES	NO	Cash: YES NO		
*Installments:		1 st \$	Cheque #:	**Installments:	1 st \$	Cheque #	
YES	NO	2 nd \$	Cheque #:	YES	NO	2 nd \$	Cheque #
		3 rd \$	Cheque #:			3 rd \$	Cheque #

Please complete page 2 of this form

* 1st installment must be dated the day of registration, 2nd installment: Oct. 15, 3rd installment: Nov. 15.

** 1st installment must be dated the day of registration, 2nd installment: March 15, 3rd installment: May 15.

Release Form: Injury

I realize that there are risks involved in any activity or program and I acknowledge that my choice to participate or register my child/self at the Kingston School of Dance brings with it the assumption of those risks. I am aware of no physical or other reason why the named student should not participate in this program. I do hereby release the Kingston Community Ballet Association/Kingston School of Dance and its employees and agents from fault for injuries due to participation in this program or in any facility or location that this program is held.

Parent/Guardian Signature: _____

Date: _____

Consent to Participate:

I hereby give permission for my child/ward _____ to participate in the classes, events, and performances of the Kingston Community Ballet Association/ Kingston School of Dance.

Parent/Guardian Signature: _____

I also give permission for the Kingston School of Dance and the Kingston Community Ballet Association to take and use photographs of my child/ward for promotional purposes.

Parent/Guardian Signature: _____

Volunteer Participation

The Kingston Community Ballet Association/ Kingston School of Dance is a registered non-profit community organization, managed and run by a volunteer board of directors. The participation of member families in the activities of the school is essential to its continued existence and health. We ask that you take the time to assist us in the maintenance of this important community asset that you and your children enjoy.

YES, Please contact me with information about ways I can help.

NO, I am unable to help at this time.

How did you learn about the Kingston School of Dance? (check those that apply)

Yellow Pages	<input type="checkbox"/>	Kingston This Week	<input type="checkbox"/>	Website	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Leisure Showcase	<input type="checkbox"/>	Kingston Whig Standard	<input type="checkbox"/>	Outdoor Sign	<input type="checkbox"/>		<input type="checkbox"/>
Friend	<input type="checkbox"/>	Independent Voice	<input type="checkbox"/>	Returning Student	<input type="checkbox"/>		<input type="checkbox"/>

Why did you choose the Kingston School of Dance?

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