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Email: dancecollective@telus.net

GST #80608 5841 RT0001

REGISTRATION FORM

Student's Name: _____
(First name) (last name)

Address: _____ Date of Birth (mm/dd/yy) _____

City: _____ Province: _____ Postal Code: _____

Parent/Guardian 1: _____ Home Phone: _____

Parent/Guardian 2: _____ Cell Phone: _____

Email address: _____

Allergies/Medical Conditions: _____

Emergency Contact: _____ Daytime Tel/Cell: _____

CLASS(es) ENROLLED

PROGRAM	DAY	TIME	# HOURS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
TOTAL HOURS per WEEK			
MONTHLY/QUARTERLY FEE			
ADD: (non-refundable) REGISTRATION FEE			\$30.00
LESS: discounts/coupon (must be attached)			
TOTAL AMOUNT DUE			

*I have read, understood and agreed to all DANCE COLLECTIVE's policies and procedures. By signing, I acknowledge that the registration fee of \$30.00 is non-refundable. Should a student decide to withdraw, one month's advanced notice must be given. Full tuition fee refund will be given only if the student decides to withdraw prior to the beginning of classes in any month/quarter. DANCE COLLECTIVE does not pro-rate the tuition fee. Post-dated cheques and pre-authorized credit card form **MUST** be completed and submitted upon registration.*

Date: _____

PARENT'S SIGNATURE