



Summer Classes Registration

Student Name: _____ Student Age: _____

Parent Name: _____

Address: _____

Phone (cell): _____ Email: _____

Allergies: _____

Emergency Contact: _____ Phone Number: _____

I wish to register my child for :

_____ Fee: \$ _____

_____ Fee: \$ _____

_____ Fee: \$ _____

I enclose my fee of \$ _____ Cash Cheque Credit Card Debit Card

**any amount under \$100 is subject to a \$2.00 service charge

Credit Card _____ Exp _____ CSV _____

Full payment due upon registration

Full tuition fee refund will be given only if the student decides to withdraw prior to the beginning of the summer classes. DANCE COLLECTIVE will not pro-rate the tuition fee for individual days/hours missed of summer programs. I understand all programmes are subject to registration. Dance Collective reserves the right to cancel any class. I have read, understood and agreed to all Dance Collective's policies and procedures.

Signed

Date