

New Family

Returning Family

STUDENT'S NAME:

Please print clearly

Age

Birth Date

(Ex. July 1, 1984)

1. _____

Male: Female:

2. _____

Male: Female:

3. _____

Male: Female:

4. _____

Male: Female:

Address: _____

City: _____

Postal Code: _____

House Phone # : _____

Please check off main contact

Mother's Name: _____

Father's Name: _____

Cell #: _____

Cell #: _____

Email: _____

Email: _____

In case we can not get in contact of parents first

Emergency Contact: _____

Relation to Student: _____

Phone Number: _____

Are there any physical, emotional or learning concerns that we need to prepare for your child?

Is there any allergies: _____ **Child's Name:** _____

I (we) the parent(s) and/or guardian(s) of the above applicant(s) do hereby covenant and agree to save harmless McCarthy School of Dance, its agents and teaching staff from any and all claims which may arise from practices, etc. in matter of affairs to which the said applicant(s) has agreed to join into. It is further understood and acknowledged that is my (our) responsibility to ensure that the said applicant arrives and departs safely from all dance activities. I (we) the parent(s) and/or guardian(s) of the above applicant(s), also further understand that this is a contract of fees as stated on the Payment Form to be paid to McCarthy School of Dance and that failure to uphold to the contract agreement as stated in the rules and regulations will result in legal action.

I thoroughly understand and agree to the terms and conditions as stated above.

DATE: _____ **SIGNATURE:** _____

4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

All Fees have HST included

Non-Refundable Registration Fee

\$15.00 - Recreational x _____ = \$ _____
 \$25.00 - Competitive x _____ = \$ _____

Pd By: _____ Date: _____
Pd By: _____ Date: _____

Tuition Fees

Pay In Full (1 payment for annual classes total)
 3 Payments (Sept 1/ Jan 1/ Apr 1)
 10 Payments (Sept 1 thru to June 1)

Total Tuition \$ _____
Per Month \$ _____
Per Month \$ _____

CHEQUES :

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June

PRE-AUTHORIZED PAYMENT:

Visa Mastercard American Express

Card Number: _____ - _____ - _____ Expiry Date: ____/____ (mm/yy)

Name of Card Holder: _____ Signature: _____

Date: _____

Please use this Credit Card for Future Payments Owing (ie: costumes)

Refund Policy:

One month written notice of cancellation must be given before the 1st of the month. No refunds after Jan 1st will be given.