

SummerArts 2019 Registration Form

OFFICE USE ONLY

Date received: _____

Paid in Full: ☐

Confirmation sent: ☐

Student information

First name: _____ Last name: _____

Street Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Birthdate: (MM/DD/YR) _____ Age as of July 2019: _____

Allergies/Medications: _____

Parent/Guardian information

Guardian 1's Name: _____ Guardian 2's Name: _____

Guardian 1's Email: _____ Guardian 2's Email: _____

Guardian 1's Cell: _____ Guardian 2's Cell: _____

Emergency Contact Name: _____ Phone: _____

Release Form I hereby certify that my child _____ is in good physical condition and is able to participate fully in this program. All current medical conditions are outlined on this form. I understand the inherent risk involved in the physical activity of dancing and I release School of CCDT and its teachers from liability in case of accident or injury. I understand all classes will be conducted in the safest possible manner by trained professional instructors.

Name of Parent/Guardian: _____ Signature: _____

Your contact info will remain in our possession for company/school purposes only. I DO NOT WISH to receive correspondence. ☐

Referred by / How did you hear about **Summer Arts**? _____

Program Selection/Rates: (please check one)

☐ ages 4+ **HALF DAY Program** \$ 325.00 CDN

☐ ages 5+ **FULL DAY Program** \$ 425.00 CDN

☐ **YES I would like childcare service for \$15/hr on:** ☐ Mon ☐ Tues ☐ Weds ☐ Thurs
*Credit card information must be provided for childcare payments to be processed. No last minute requests, childcare dates must be provided before the camp begins.

Method of Payment: (Please check one) Payments are non-refundable.

☐ **Cheque** ☐ **Debit** ☐ **VISA card number:** _____ **Exp:** ____ / ____ **V-Cd:** _____
"School of CCDT" (\$ 7.00 surcharge applies) (3-digits)

Name on card: _____ Signature: _____

School of CCDT will photograph throughout the course solely for promotional purposes of CCDT. I waive all rights to the photographs and allow them to be used for their intended purposes. I understand that **no fee or reimbursement** will be offered.

Signature: _____ No, I do not wish photos of my child to be used. ☐