



900 Hopkins St. Unit 3. Whitby, ON. L1N 6A9
905-666-0111 www.expressionsdance.ca

FALL REGISTRATION FORM 2017-2018

Your **First Tuition Installment along with your \$25 registration fee must accompany this form, in order for your registration to be fully processed. Please note this fee is **non-refundable.***

PLEASE COMPLETE IN FULL:

Student's Name (First) _____ (Last) _____

Parent /Guardian Names _____

Address _____

City _____ Postal Code _____

Home Ph. # _____ Cell Ph. # _____

EMAIL: (required for correspondence):

Preferred Email _____

Secondary Email (if applicable) _____

Date of Birth _____ Students Age as of September 1st _____
DAY MONTH YEAR

Emergency Contact (name/number) _____

Allergies / Medical Conditions _____

Is an Epi-pen required? **Yes** **No** ***NO PEANUT OR TREE NUT PRODUCTS ALLOWED AT THE STUDIO***

Student has danced at EDCI since (Month) _____ (Year) _____

Student Year Level at EDCI (ex. 3rd year student at EDCI) _____

How did you hear about the studio? _____

Referred By (list name here) _____

Interested in Pre-Competitive / Competitive and/or Additional Performance Opportunities

Yes

No

Maybe

SECTION 2: CLASS SELECTION

<u>CLASS</u>	<u>CURRENT CLASS LEVEL</u>	<u>PREFERRED CLASS DAY/TIME (see schedule)</u>
ACRO	_____	_____
BALLET	_____	_____
CONTEMPORARY	_____	_____
HIP HOP	_____	_____
JAZZ	_____	_____
KICKS/JUMPS/TURNS	_____	_____
KINDER COMBO	_____	_____
LYRICAL	_____	_____
MODERN	_____	_____
MUSICAL THEATRE	_____	_____
POINTE	_____	_____
PRE-DANCE CREATIVE MOVEMENT	_____	_____
TAP	_____	_____
*OTHER – PLEASE SPECIFY	_____	_____

NOTE: Expressions Dance Company / Competitive Team billed separately

SECTION 3: EXAM HISTORY – please indicate below syllabus, grade level & results

Syllabus	RAD	Cecchetti	ISTD	BATD	CDTA	ADAPT	OTHER _____ <small>(please specify)</small>
Grade Completed		Ballet _____		Modern _____		Tap _____	Jazz _____ Acro _____
Exam Results	_____						

GENERAL PAYMENT POLICIES:

The 1st installment is **Non-refundable** unless we cannot provide your class of choice.

There are **no credits / refunds for missed classes** (make-up class policy applies, where applicable)

\$35.00 administration fee for all returned cheques (NSF or other)

\$5.00 late fee will be applied for any outstanding balances after the 15th day of each month. Please submit all post-dated cheques (dated the 1st of the month) at the time of registration.

Please make all cheques payable to: **EXPRESSIONS DANCE CENTRE INC.**

Signature of Parent/Guardian _____

Date _____

EDCI WAIVER FORM

1. I hereby give permission to have staff arrange for any emergency medical care including hospitalization if necessary. In all instances where children are involved, attempts will be made to contact parent or guardian first. I release Expressions Dance Centre Inc. from all claims arising from participation in any activity. It is understood and agreed that the student and their parents or guardian hereby release Expressions Dance Centre Inc. from any and all damages sustained in consequence of loss, injury or damage to any person or property arising from any cause what so ever and from any or all actions, causes of action, claims and demands of any nature.

2. The undersigned on behalf of the students registered, authorize Expressions Dance Centre Inc. the use of pictures and/or videos for advertising purposes, and/or on the web site and web pages of EDCI.

3. In addition I fully understand that Expressions Dance Centre Inc and our faculty are not liable for any personal injuries, loss or damages sustained while attending class or events.

Cancellations: All classes are subject to change and/or subject to cancellation due to insufficient enrollment. You will be notified once a cancellation or class change has been made. Thank you for your cooperation.

Student's Name _____

Signature of Parent/Guardian _____

Dated _____