



2018/2019 Recreational Registration

Date: _____ New Student or Returning Student: _____

STUDENT INFORMATION (Please Print Clearly)

Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ Postal Code: _____

Parent/Guardian: _____ Parent/Guardian: _____

Phone: _____ Phone: _____

Cell: _____ Cell: _____

Work: _____ Work: _____

Email: _____ Email: _____

In case of Emergency:

Emerg. Contact: _____ Phone: _____

Health Card Number: _____

Past/current injuries: _____

Parent Agreement

Withdrawal/Refund Policy:

I understand that I have until November 20th to withdraw from any classes my child has been registered for. The studio must be notified in writing that you wish to withdraw your child from dance class. There are no refunds for the unused portion of the first term. No further term payments will be charged upon receipt of your written letter. _____(please initial)

Injury Waiver:

I hereby waive claims to injury or loss to person or property during participation in classes, rehearsals, performances, recitals or any other JCB Danceworks activities, and release, discharge and save harmless promoters, directors, agents and instructors from any liability for injury, damage or loss to property or person whatsoever, which may be caused by an act or omission of these.

_____(please initial)

Photography:

I hereby grant my child permission to be photographed or filmed (by teachers or parents) while participating in classes or recitals with JCB Danceworks. I also grant permission for my child's photograph or video to be used for promotional/instructional material including the JCB Danceworks website, social media or brochure. By agreeing to the waiver, I hereby state that I am the legal guardian of said child. _____(please initial)

Parent Signature: _____

Date: _____

MONDAY	Age	Time/Studio		Class
Ballet	3-5	4:30-5:15	1B	
Acro	4-6	5:15-6:00	1B	
Ballet	7-10	6:00-6:45	1B	
Jazz/Hip Hop	7-11	6:45-7:30	1B	
Adv.Hip Hop	12+	7:30-8:15	1B	
TUESDAY	Age	Time		
Acro	6-8	5:15-6:00	3	
Jazz/Hip Hop	6-9	6:00-6:45	3	
Ballet	9-13	6:45-7:30	3	
Teen Jazz	10-14	7:30-8:15	3	
Contemporary	10-14	8:15-9:00	3	
WEDNESDAY	Age	Time		
Jazz Hip Hop	5-8	4:30-5:15	3	
Jazz Hip Hop	10-12	5:15-6:00	3	
Ballet	5-7	5:15-6:00	2	
Tap	6-10	6:00-6:45	2	
THURSDAY	Age	Time		
Ballet	4-6	4:30-5:15	3	
Jazz Hip Hop	5-8	5:15-6:00	3	
Acro	8+	6:00-6:45	3	
SATURDAY	Age	Time		
Ballet	3-4	10:00-10:45	1B	
Ballet	3-4	10:45-11:30	3	
Ballet	5-6	10:00-10:45	2	
Ballet	5-6	10:45-11:30	1B	
Ballet	6-8	10:45-11:30	2	
Ballet	6-8	12:15-1:30	1B	
Acro	4-6	10:00-10:45	3	
Acro	4-6	11:30-12:15	3	
Acro	7-10	12:15-1:00	3	
Acro	10+	1:00-1:45	3	
Jazz Hip Hop	5-8	11:30-12:15	1B	
Jazz Hip Hop	5-8	11:30-12:15	2	
Jazz Hip Hop	5-8	12:15-1:00	2	
Jazz	8-13	1:45-2:30	3	
Tap	8-13	2:30-3:15	2	
		Total Number of Classes		

FOR OFFICE USE ONLY:

New Student Reg. Fee \$35.00 \$ _____

Recital Performance Link \$35.00 \$ _____

Costume Fees #of classes _____ x \$119.00 = \$ _____

Class Fees

Class 1	\$708.51		\$ _____
Class 2	\$637.65 (10% dscnt & tax incl.)	(age 9+)	\$ _____
	\$354.25 (50% dscnt & tax incl.)	(age 3-8)	\$ _____
Class 3	\$637.65 (10% dscnt & tax incl.)		\$ _____
Class 4	\$637.65 (10% dscnt & tax incl.)		\$ _____

Total Class Fees: \$ _____

Payment Options (A or B):

A) All Applicable Fees Paid in Full (due Aug.1st)

Paid by: Visa, MC, DB, Cash or Chq
 Date Paid: _____ Amount: _____

B) Total fees divided into 3 payment

Payable by: Visa, MC, DB, Cash or CHQ

1st Payment due August 1st Class Amount: \$ _____

(includes new student reg. fee and **+New Student Fee:** \$ _____

recital media fee if applicable) **+Recital Link:** \$ _____

Chq RCV'd: _____ Amt: \$ _____

2ND Payment due: Dec.1st Class Amount: \$ _____

(includes costume fees) **+Costume Fee:** \$ _____

Chq RCV'd: _____ Amt: \$ _____

3rd Payment due: Mar.1st Class Amount: \$ _____

Chq RCV'd: _____ Amt: \$ _____

Credit Information (required if 3 payment option chosen):

Card #: _____

Full Name on Card: _____

Expiry date: _____