



2019/2020 Early Bird Recreational Registration

****Early Bird Pricing Valid Until May 31st****

Date: _____

New or Returning? _____

STUDENT INFORMATION (Please Print Clearly)

Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ Postal Code: _____

Health Card Number: _____



Parent/Guardian: _____

Parent/Guardian: _____

Phone: _____

Phone: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

Email: _____

(please note email is our primary method of communication, include primary email and secondary to guarantee receipt of emails)

In case of Emergency:

Emerg. Contact: _____

Phone: _____

Past/current injuries: _____

Parent Agreement

Withdraw/Refund Policy:

I understand that I have until 2 weeks prior to the upcoming payment instalment 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 permission for my child 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
Nursery Ballet	3-5	4:30-5:15	1B	
Pre Acro	4-6	5:15-6:00	1B	
Jazz/Hip Hop	5-8	6:00-6:45	1B	
Ballet	7-11	6:45-7:30	1B	
Jazz/Hip Hop	7-11	7:30-8:15	1B	
Adv.Hip Hop	12+	8:15-9:00	1B	
TUESDAY	Age	Time		
Acro	6-8	5:15-6:00	3	
Jazz/Hip Hop	6-8	6:00-6:45	3	
Ballet	6-8	6:45-7:30	3	
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	
Tap	8-10	5:15-6:00	3	
Jazz/Hip Hop	9-12	6:00-6:45	3	
Ballet	5-8	5:15-6:00	2	
Tap	5-8	6:00-6:45	2	
THURSDAY	Age	Time		
Ballet	5-8	4:30-5:15	3	
Jazz/Hip Hop	5-8	5:15-6:00	3	
Acro	7-10	6:00-6:45	3	
Acro	10+	6:45-7:30	3	
SATURDAY	Age	Time		
Nursery Ballet	3-4	10:00-10:45	1B	
Jazz/Hip Hop	5-8	10:45-11:30	1B	
Ballet	5-7	11:30-12:15	1B	
Ballet	5-6	10:00-10:45	2	
Nursery Ballet	3-4	10:45-11:30	2	
Ballet	6-8	11:30-12:15	2	
Pre Acro	4-6	10:00-10:45	3	
Pre Acro	5-7	10:45-11:30	3	
Jazz/Hip Hop	5-8	11:30-12:15	3	
Acro	6-9	12:15-1:00	3	
Acro	10+	1:00-1:45	3	
Tap	8-10	1:45-2:30	3	
Jazz	9-13	2:30-3:15	3	
Tap	11-13	3:15-4:00	3	
		Total Number of Classes		

FOR OFFICE USE ONLY:

Class 1 (627+HST)	\$708.51	\$ _____
Class 2 (Age 9+) (10% dscnt & tax incl.)	\$637.65	\$ _____
Class 2 (Age 3-8) (50% dscnt & tax incl.)	\$354.25	\$ _____
Class 3 (10% dscnt & tax incl.)	\$637.65	\$ _____
Class 4 (10% dscnt & tax incl.)	\$637.65	\$ _____

Total Class Fees +\$ _____

Costume Fees #of classes: _____ x \$134.47 (tax incl.) +\$ _____

New Student Reg. Fee \$35.00 +\$ _____

Recital Performance Link \$35.00+HST +\$ _____



All Applicable Fees Paid in Full (due upon registering)

Date Paid: _____ Method of Pyt: _____ Amnt: _____

OR

Total fees divided into 3 payment

1st PYT due: Aug.1st Paid On: _____ Paid By: _____ Amt: \$ _____
(includes new student reg. fee and recital media fee)

2ND PYT due: Dec.1st Paid On: _____ Paid By: _____ Amt: \$ _____
(includes costume fees)

3rd PYT due: Mar.1st Paid on: _____ Paid By: _____ Amt: \$ _____

Credit Information (required if 3 payment option chosen):

Card #: _____

Full Name on Card: _____

Expiry date: _____

ADDED TO CLASS(ES): Admin.Intls: _____

Input: _____

Date of Entry: _____