

Dance Fusion 2014-2015 Registration Form

489 Brimley Road, Scarborough ON M1K 4P3 – 416-267-8372 – info@dancefusion.ca

◇ Returning student

◇ New student

Dancer's Name:

Dancer's Date of Birth:

Age as of September 1st 2014:

Home Address:

Postal Code:

Home Phone Number:

Any medical conditions or allergies we should be made aware of:

Years of previous dance experience:

Parent/Guardian Name(s):

Contact/Cell Phone Number(s):

Parent E-mail Address (required):

Total Monthly Tuition: \$

◇ \$25.00 Family Registration Fee Paid

◇ 10 post-dated cheques given for monthly tuition.

◇ Will be paying by cash on the 1st of every month. First and last months tuition must be paid upfront.

◇ Years tuition paid in full.

◇ I will be authorizing Dance Fusion to charge my credit card each month for monthly tuition, and any other charges with my consent.

All families must fill out the credit card information form on reverse to have on file.

1. Upon registering my child at *Dance Fusion* I have read and agreed to adhere by the 2014-2015 Studio Policies & Dress Code, including all policies regarding my chosen payment plan.
2. I hereby release *Dance Fusion*, and its staff of any liability regarding injuries in class or on *Dance Fusion* property. *Dance Fusion* is not responsible for lost/damaged items left on premises.
3. I give my permission to *Dance Fusion* to have exclusive use of any pictures/videos taken of my child while participating in classes or studio events.

Parent's Signature:

Dated:

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Credit Card Information & Authorization

Name on card _____

◇ VISA

◇ MasterCard

Card Number _____

Expiry Date ____/____

I hereby understand that Dance Fusion will keep my credit card number on file for charges to be paid with my consent.

Dance Fusion will charge monthly tuition fees to my card if it is my selected method of payment.

If I have chosen another monthly payment method I hereby understand that this card will be charged in the case of unpaid tuition, returned cheques from the bank, overdue charges on my account and any applicable fees associated with its use.

I understand that my card number and information will remain confidential and not be released to any secondary parties.

Cardholder's Signature _____ Dated _____

for office use only.

<i>CLASS</i>	<i>DATE/TIME</i>	<i>TEACHER</i>	<i>PRICE</i>