

9030 McKenney Avenue, St. Albert AB T8N 2T7  
**2009-2010 Full Year Registration Form**

Date: \_\_\_\_\_

FAMILY INFORMATION									
DANCER'S LAST NAME		HOME PHONE #							
STREET ADDRESS		CITY, POSTAL CODE							
MOTHER'S FULL NAME		FATHER'S FULL NAME							
MOTHER'S HOME PHONE #	(if different than above)	FATHER'S HOME PHONE #	(if different than above)						
MOTHER'S CELL #		FATHER'S CELL #							
EMAIL ADDRESS (To distribute newsletters and misc info)									
EMERGENCY CONTACT & RELATION TO DANCER		EMERGENCY CONTACT PHONE							
FIRST DANCER INFORMATION			CLASS INFORMATION				OFFICE USE ONLY		
DANCER #1 FIRST NAME		TYPE OF CLASS (Jazz, Tap, Ballet, Etc.)	YEARS OF EXP. (After Age 6) <b>Required for Festival/Comp entry</b>	CLASS DAY & TIME	CLASS LENGTH	COST REQ	FEST/COMP	COMP PROG	CLASS CODE
AGE (At time of registration)									
BIRTHDATE (mm/dd/yy)									
ALBERTA HEALTH CARE #									
PREV. COMBO CLASSES (if child is currently 7 or under)									
SECOND DANCER INFORMATION			CLASS INFORMATION				OFFICE USE ONLY		
DANCER #2 FIRST NAME		TYPE OF CLASS (Jazz, Tap, Ballet, Etc.)	YEARS OF EXP. (After Age 6) <b>Required for Festival/Comp entry</b>	CLASS DAY & TIME	CLASS LENGTH	COST REQ	FEST/COMP	COMP PROG	CLASS CODE
AGE (At time of registration)									
BIRTHDATE (mm/dd/yy)									
ALBERTA HEALTH CARE #									
PREV. COMBO CLASSES (if child is currently 7 or under)									
<b>Prior to registration acceptance the following is required:</b> <b>Full Year Tuition as well as Costume and Festival Deposits in the form of post dated cheques or pre-authorized credit card</b> <b>(NO EXCEPTIONS)</b>									

## ACCOUNT INFORMATION - OFFICE USE ONLY

TOTAL FAMILY HRS/WEEK: \_\_\_\_\_ MONTHLY FEE: \_\_\_\_\_ TOTAL COSTUMES \_\_\_\_ TOTAL FESTIVAL \_\_\_\_\_

### DEPOSIT DETAILS

#### NON-REFUNDABLE ADMIN & LESSON DEPOSIT

#### Manner of Payment

Registration Fee \$15 / student or \$25 / family \$ \_\_\_\_\_ Cash \_\_\_\_ Check # \_\_\_\_\_

20% of Yearly Tuition \$ \_\_\_\_\_ Interac \_\_\_\_ Amex \_\_\_\_

Total Tuition Deposit \$ \_\_\_\_\_ M/C \_\_\_\_ Visa \_\_\_\_

#### COSTUME DEPOSITS (REFUNDABLE PRIOR TO OCT 15, 2009)

#### Manner of Payment

Total Costumes \_\_\_\_ X \$40.00  
(may be dated Oct 15, 2009) \$ \_\_\_\_\_ Cash \_\_\_\_ Check # \_\_\_\_\_

Interac \_\_\_\_ Amex \_\_\_\_

M/C \_\_\_\_ Visa \_\_\_\_

#### FESTIVAL DEPOSITS (REFUNDABLE PRIOR TO NOV 15, 2009)

#### Manner of Payment

Total Festival Classes \_\_\_\_ X \$60.00  
(may be dated Nov 15, 2009) \$ \_\_\_\_\_ Cash \_\_\_\_ Check # \_\_\_\_\_

Interac \_\_\_\_ Amex \_\_\_\_

Date Deposit's Submitted: \_\_\_\_\_ M/C \_\_\_\_ Visa \_\_\_\_

### BALANCE OF YEARLY LESSON PAYMENT DETAILS

#### POST DATED CHEQUE OR PRE-AUTHORIZED CREDIT CARD PAYMENT

Dated \_\_\_\_ of each month in the amount of \$ \_\_\_\_\_ Cheque # \_\_\_\_\_ to # \_\_\_\_\_

Amex \_\_\_\_ M/C \_\_\_\_ Visa \_\_\_\_ in the amount of \$ \_\_\_\_\_ Date Submitted: \_\_\_\_\_

### YEAR IN ADVANCE

MONTHLY FEE \$ \_\_\_\_\_ X 10 = \$ \_\_\_\_\_

#### Manner of Payment

X 5% = DISCOUNT \$( \_\_\_\_\_ Cash \_\_\_\_ Check # \_\_\_\_\_

(Discount is only applicable for registrations received prior to Oct 1, 2009)

Interac \_\_\_\_ Amex \_\_\_\_

TOTAL YEARLY FEE \$ \_\_\_\_\_ M/C \_\_\_\_ Visa \_\_\_\_

20% TUITION DEPOSIT (if applicable) \$( \_\_\_\_\_

Balance Due  
(May be dated October 1, 2009) \$ \_\_\_\_\_

Date Submitted: \_\_\_\_\_



**2009-2010 (8 Week) Registration Form**

FAMILY INFORMATION					
DANCER'S LAST NAME		DANCER'S HOME PHONE #			
STREET ADDRESS		CITY, POSTAL CODE			
MOTHER'S FULL NAME		FATHER'S FULL NAME			
MOTHER'S HOME PHONE #	(if different than above)	FATHER'S HOME PHONE #		(if different than above)	
MOTHER'S CELL #		FATHER'S CELL #			
EMAIL ADDRESS (To distribute newsletters and misc info)					
EMERGENCY CONTACT & RELATION TO DANCER		EMERGENCY CONTACT PHONE			
FIRST DANCER INFORMATION		CLASS INFORMATION			
DANCER #1 FIRST NAME		TYPE OF CLASS (Jazz, Tap, Ballet, Etc.)	YEARS OF EXP. (After Age 6)	DAY & TIME	CLASS CODE
AGE (At time of registration)					
BIRTHDATE (mm/dd/yy)					
ALBERTA HEALTH CARE #					
PREV. COMBO CLASSES (if child is currently 7 or under)					
SECOND DANCER INFORMATION		CLASS INFORMATION			
DANCER #2 FIRST NAME		TYPE OF CLASS (Jazz, Tap, Ballet, Etc.)	YEARS OF EXP. (After Age 6)	DAY & TIME	CLASS CODE
AGE (At time of registration)					
BIRTHDATE (mm/dd/yy)					
ALBERTA HEALTH CARE #					
PREV. COMBO CLASSES (if child is currently 7 or under)					
OFFICE USE ONLY					

**2009-2010 (8 Week) Registration Form**

<b>Paid By</b>	Cash _____, Check # _____, Interac _____, Amer. Exp. _____, Master Card _____, Visa _____				
<b>Total Paid</b>	\$ _____	<b>Date</b>	_____	<b>Processed By</b>	_____