

LEASIDE DANCE SCHOOL Twinkle Twos Registration Form

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| Name of Student: | Date of Birth: | Gender: F___ M___ |
| Address: | | |
| Email: | Home Phone: | |
| Parent Name: | Phone: | |
| Parent Name: | Phone: | |
| Emergency contact person: | Emergency Phone: | |

Does your child have any health conditions that the school should be aware of? Please explain:

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Class Details:

A fun introduction to dance and movement incorporating song, mime, and props. Children must be accompanied by a caregiver. The session begins on January 20, 2018 and runs until April 28, 2018. Children must be two years old by January 1, 2018. No exceptions.

Students should wear comfortable dance/athletic wear with ballet shoes or bare feet. No classes are scheduled on February 17, March 17 and March 31.

Payment:

The registration fee is \$250. Payment can be made by credit card, cheque, or e-transfer. The completed registration form must be submitted along with payment. Payment is non-refundable after February 1, 2018. No refunds for missed classes. Registration forms can be emailed to info@leasidedance.com or mailed to:

Leaside Dance School, 119-660 Eglinton Ave. East, Suite 204, Toronto ON M4G 2K2.

How would you like to pay?:

Credit Card (Visa/MC/AmEx)
 Cheque
 E-transfer

Card No. _____ Expiration date: ____/____ (MM/YY)

Security Code/CVV _____ Postal code of card holder (required) _____

Name on card _____ Authorization signature _____

Credit card information can also be submitted by phone. If paying by e-transfer, please send payment to info@leasidedance.com. Cheques are payable to "Leaside Dance School" and may be post-dated for January 15, 2018. A confirmation email will be sent upon receipt of registration.

Confirmation:

By providing your credit card information, you authorize Leaside Dance School to charge your credit card for the full amount of the registration fee (\$250 per student).

By signing this form I certify that the registered student is in good physical condition and is able to participate fully in the session. I release Leaside Dance School and its associates and employees from liability in case of accident or injury arising out of connection with activities of the school. Parents are responsible for the safe transport of their child to and from classes. I understand and agree to the terms and conditions as stated above.

Sign _____

Date _____