



2017/ 2018 Dance Registration Form

Name: _____ Age: ____ Grade: ____ D.O.B. ____ / ____ / ____ (M/D/Y)

Class Name/Day/Time/Location: _____ TFS / MAIN (please circle)

Second Class Choice (if first is full): _____

OHIP#: _____

Address: _____ City: _____ Postal Code: _____

Phone: (____) ____ - _____ Cell: (____) ____ - _____

Emergency Phone: (____) ____ - _____ Emerg. Name/Relation: _____

E-mail: _____

(For newsletters and informational purposes only. Your email will not be shared with other companies)

Please note; If you have a friend request (i.e. your child wishes to be in the same class as another child) please list the names below:

Friend's name: _____

Friend's name: _____

Session and Payment Information: (please checkmark session and payment selection)

- Full Year Savings Package Fall Winter Spring

Parent or Guardian Authorization: I give my approval to my child's participation in "Groove" School of Dance activities and excuse "Groove" School of Dance and its proprietors from all claims and damages that may arise as a result of accidents or losses. I authorize that the directors act for me according to their best judgment in any emergency requiring medical attention. In signing this application, I hereby acknowledge that I have read and understood the conditions and certify that the applicant is in good physical and mental health. I authorize Groove to use pictures for advertising purposes only. Yes ___ No ___

Parent or Guardian Name: _____ **Signature:** _____

Special Concerns/Allergies: _____

Please choose one of the following options:

- Mail to: **"Groove"** 491 Eglinton Ave. W, Suite 400 M5N 1A8
please make cheques payable to **Groove School of Dance INC**
- Email form to angela@grooveschoolofdance.com with credit card information on form.

Name on Credit Card: _____	Signature: _____
Credit Card Number: _____	Exp: ____ / ____ CVV: _____

<i>Staff Use Only - Payment Confirmation</i>	
Amount: \$ _____ # _____	V/MC/Debit/Chq/Cash Date Received: _____ staff: _____
Amount: \$ _____ # _____	V/MC/Debit/Chq/Cash Date Received: _____ staff: _____
Amount: \$ _____ # _____	V/MC/Debit/Chq/Cash Date Received: _____ staff: _____