

- F Entered
- W Entered
- S Entered



2018-19 Registration Form

Name: _____ Age: _____

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

Second Class Choice (if first is full): _____

D.O.B.: ____/____/____ OHIP #: _____

Address: _____ City: _____ Postal Code: _____

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

Emergency Contact: (____) ____-____ Name: _____

E-Mail: _____

Please circle the session you are applying for:

If you have selected Full Year Savings Package, please indicate whether you'd like to pay upfront, or in 3 instalments.

Full Year Savings Package Fall Winter Spring

FY Savings Upfront

FY Savings in 3 Instalments

Authorization: I give my approval for my child to participate 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 judgement 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 ___

Guardian Name: _____ Signature: _____

Child's Special Concerns/Allergies: _____

Credit Card Info

Name On Card: _____ Signature: _____

Card Number: _____ Exp: ____/____ CVV: _____

STAFF USE ONLY			
1. Amount: \$ _____	CHQ #: _____	Date: _____	Initial: _____
2. Amount: \$ _____	CHQ #: _____	Date: _____	Initial: _____
3. Amount: \$ _____	CHQ #: _____	Date: _____	Initial: _____