

Office Use Only

Office Use Only

Date: \_\_\_\_\_  
 Received \$: \_\_\_\_\_  
 Initials: \_\_\_\_\_



tel: 416-604-3566 fax: 416-604-2561  
 info@gottadance.ca [www.gottadance.ca](http://www.gottadance.ca)  
 3581 Dundas Street West

Book			
SM 1 2 3			

**Registration 2018-2019**

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First Last

Age on December 31, 2018: \_\_\_\_\_ Birth date: d/m/y \_\_\_\_\_ Gender \_\_\_\_\_

New to Gotta Dance? Yes/No If the information below has not changed, go to 2

1

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone # \_\_\_\_\_

E-mail(parent's) \_\_\_\_\_

Does the child reside at two households? \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work # \_\_\_\_\_  
Primary contact First Last

Cell # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work # \_\_\_\_\_  
First Last

Cell # \_\_\_\_\_

2

**Medical Information:** (Allergies, injuries, and/or medical conditions.) Please provide a photograph if student has a **severe allergy** \_\_\_\_\_

**CONSENT:**

I am permitting \_\_\_\_\_ to attend classes at Gotta Dance Inc. I acknowledge that there is a risk of injury involved in any activity for which I am registering myself and/or my child. I hereby accept the risk and in consideration of Gotta Dance Inc. accepting this registration, I hereby release Gotta Dance Inc. from all claims of any kind that may arise.

The above information is collected for the sole use of Gotta Dance Inc. and will not be disseminated in any way to other parties without the prior written permission of the participant/participant's parent/guardian.

I will allow Gotta Dance Inc. to use photographs/images of myself and/or my child, as a participant of Gotta Dance Inc., on their website and/or in promotional material.

**Our annual recital will be held between June 7-9 and the dress rehearsal on June 2, 2019.**

I have read and am familiar with Gotta Dance's Code of Conduct (Information Package).

**Refund Summary:** Please see Information Package for complete explanation:

- 1 – up to 4<sup>th</sup> week.....100% refund of remaining classes
- 2 – between 4<sup>th</sup> week & Jan. 20<sup>th</sup>.....50% refund of remaining classes
- 3 – after January 20<sup>th</sup> .....no refund

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature

CLASS	DAY	TIME	DISCOUNT	FEE (\$)	PAYMENT	BALANCE	METHOD	DATE	RECEIPT#
SUB-TOTAL									
REGISTRATION FEE (new students only)				\$30.00	# of Payments:		Cheque/Cash/Debit/Visa/MC/Etransfer		
REGISTRATION FEE (returning students)				\$15.00	Installment Amount:		Full half/half monthly other _____		
TOTAL					# of Cheques Received:				
					Payment Card Signed? (If credit card)				

**ANNUAL FEES (36 classes)**

Class (hrs)	Dance	Tumbling
1	\$750	\$650
1 1/4	\$790	
<b>KINDERDANCE/KINDERGYM CLASSES</b>		
Class (hrs)	Fee	
1	\$690	\$650
<b>DISCOUNTS</b>		
Second & Subsequent Classes		10%
Sibling Discount		10%
Boys Discount		30%



HST is included in all fees. Recital costume is included in dance fees.