



**oland &  
omaine School of Dance**

*Sharing our Love of Dance  
Since 1960*

**REGISTRATION FORM** (page 1 of 2)

**STUDENT INFORMATION**

Last Name	First Name	Date of Birth (Day/Month/Year)	School Grade in Sept.
Address		Home Phone	Cell Phone
City	Postal Code	Email	

**ALLERGIES/MEDICATIONS/OTHER**

**EMERGENCY CONTACT NAME & NUMBER(S)**

COURSE	CODE	LEVEL	DAY	TIME
Jazz				
Tap				
Musical Theatre **				
Ballet				
Hip Hop				
Acro **				
Lyrical				
Dance Company (Invitation only)				

**\*\* Must take jazz in addition to Musical Theatre and Acro**

**THERE IS A NO REFUND POLICY ON ALL PROGRAMMES UNLESS CANCELLED  
BY ROLAND & ROMAINE MANAGEMENT**

**LIABILITY RELEASE:** I hereby certify that the above named child is in good physical condition and is able to participate fully in this programme. All current medical conditions have been outlined on this form. I understand the inherent risk involved in the physical activity of dancing and I release Roland & Romaine Productions Ltd. and its teachers from liability in case of accident or injury. I understand that all classes will be conducted in the safest possible manner by trained professionals.

Name of Parent/Guardian (please print)	Signature of Parent/Guardian	Date
Returning Student _____ New Student _____ (How did you hear of us?) _____		

		<u>Course</u>	<u>H.S.T.</u>	<u>TOTAL</u>
1 CLASS	PER WEEK/CHILD*	\$ 560.00	\$ 72.80	\$ 632.80
2 CLASSES	PER WEEK/CHILD*	\$1,000.00	\$130.00	\$ 1,130.00
3 CLASSES	PER WEEK/CHILD*	\$1,300.00	\$169.00	\$ 1,469.00
4 CLASSES	PER WEEK/CHILD*	\$1,600.00	\$208.00	\$ 1,808.00
5 CLASSES	PER WEEK/CHILD*	\$1,900.00	\$247.00	\$ 2,147.00
6 CLASSES	PER WEEK/CHILD*	\$2,200.00	\$286.00	\$ 2,486.00

***\*10% Discount on siblings***

**A \$100.00 NON REFUNDABLE DEPOSIT IS REQUIRED UPON REGISTRATION.**

**BALANCE OF PROGRAMME PAYABLE BY POST-DATED CHEQUES, VISA OR MASTERCARD DATED THE 1<sup>ST</sup> OR 15<sup>TH</sup> OF THE MONTH. ALL PROGRAMMES TO BE PAID IN FULL BY DECEMBER 31<sup>ST</sup>**

CourseTotal	Payment date(s)	Amount Paid	Balance
	Deposit		
	September		
	October		
	November		
	December		

(\$25.00 administrative charge on all NSF cheques)

Visa    MasterCard    CC# \_\_\_\_\_ Expiry: \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_

Monthly Payment Plan Authorization Signature \_\_\_\_\_

Please PRINT name of the *CLAIMANT* for the CHILDREN'S FITNESS TAX CREDIT receipt if different from the payment information above.

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Administrative Notes:

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508 Lawrence Avenue West, Toronto, ON M6A 1A1  
www.rolandandromaine.com

TEL: 416-782-1188  
EMAIL: rrdance@rolandandromaine.com

Returning Student \_\_\_\_\_ New Student \_\_\_\_\_ (How did you hear of us?) \_\_\_\_\_