



**oland &  
omaine**

School of Dance and Performance  
 508 Lawrence Avenue West, Toronto, ON M6A 1A1  
 TEL: 416-782-1188 www.rolandandromaine.com  
 EMAIL: rrdance@rolandandromaine.com

**REGISTRATION FORM**

**STUDENT INFORMATION**

\_\_\_\_\_  
 Last Name First Name

\_\_\_\_\_  
 Date of Birth Home Phone

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Business 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)				

**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

PLEASE CHECK: NEW STUDENT \_\_\_\_\_ RETURNING STUDENT \_\_\_\_\_

		<u>COURSE</u>	<u>5% G.S.T.</u>	<u>TOTAL</u>
1 CLASS	PER WEEK PER CHILD*	\$ 545.00	\$ 27.25	\$ 572.25
2 CLASSES	PER WEEK PER CHILD*	\$ 980.00	\$ 49.00	\$1,029.00
3 CLASSES	PER WEEK PER CHILD*	\$1,230.00	\$ 61.50	\$1,291.50
4 CLASSES	PER WEEK PER CHILD*	\$1,450.00	\$ 72.50	\$1,522.50
5 CLASSES	PER WEEK PER CHILD*	\$1,670.00	\$ 83.50	\$1,753.50
6 CLASSES	PER WEEK PER CHILD*	\$1,890.00	\$ 94.50	\$1,984.50

*\*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>**

Balance	Payment Date	Amount Paid	Pmt method
	DEPOSIT		
	September		
	October		
	November		
	December		

(\$25.00 service charge on all NSF cheques)

Credit card Information:

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

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

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

Please PRINT name for CHILDREN'S FITNESS TAX CREDIT receipt if different from the above.

\_\_\_\_\_

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

Administrative Notes:

\_\_\_\_\_  
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