



**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

KINDERDANCE 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)

| DAY | CODE | TIME | Fall Session | Winter Session | Spring Session |
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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 _____

Please note that a \$25.00 administrative fee will be charged on all NSF cheques.

| Session | Balance | Date | Amount Paid | Pmt method |
|----------------|---------|------|-------------|------------|
| Fall Session | | | | |
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| Winter Session | | | | |
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| Spring Session | | | | |
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Credit card Information:

Visa MasterCard CC# _____ Expiry: _____

Name on Card (please print) _____

Authorization Signature for use of my credit card _____

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:

