



**oland &
omaine School of Dance**

*Sharing our Love of Dance
Since 1960*

REGISTRATION FORM

(page 1 of 2)

STUDENT INFORMATION

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

ALLERGIES/MEDICATIONS/OTHER

EMERGENCY CONTACT NAME & NUMBER(S)

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

**** Must take Jazz in addition to Musical Theatre and Acro**

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

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 and behavioural 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.

<hr/>	<hr/>	<hr/>
Name of Parent/Guardian (please print)	Signature of Parent/Guardian	Date

SUMMER PRICES

		<u>Course</u>	<u>H.S.T.</u>	<u>TOTAL</u>
1 CLASS	PER WEEK/CHILD*	\$ 620.00	\$ 80.60	\$ 700.60
2 CLASSES	PER WEEK/CHILD*	\$1,090.00	\$141.70	\$ 1,231.70
3 CLASSES	PER WEEK/CHILD*	\$1,535.00	\$199.55	\$ 1,734.55
4 CLASSES	PER WEEK/CHILD*	\$1,955.00	\$254.15	\$ 2,209.15
5 CLASSES	PER WEEK/CHILD*	\$2,350.00	\$305.50	\$ 2,655.50
6 CLASSES	PER WEEK/CHILD*	\$2,720.00	\$353.60	\$ 3,073.60
7 CLASSES	PER WEEK/CHILD*	\$3,065.00	\$398.45	\$ 3,463.45
8 CLASSES	PER WEEK/CHILD*	\$3,385.00	\$440.05	\$ 3,825.05

***10% Discount on siblings**

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

Total	Payment date	Processing fee	Amount Received
	Deposit	\$0.00	\$100.00
	September	\$5.00	
	October	\$5.00	
	November	\$5.00	
	December	\$5.00	

BALANCE OF PROGRAMME PAYABLE BY POST-DATED CHEQUES, VISA OR MASTERCARD DATED THE 1ST OR 15TH OF THE MONTH. ALL PROGRAMMES TO BE PAID IN FULL BY DECEMBER 31ST (\$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 credit card information above.

Administrative Notes:

