



**oland &  
omaine School of Dance**

*Sharing our Love of Dance  
Since 1960*

**KINDERDANCE REGISTRATION FORM**

**STUDENT INFORMATION**

Last Name	First Name	Date of Birth Day/Month/Year	Home Phone
Address		Cell Phone	
City	Postal Code	Email	
ALLERGIES/MEDICATIONS/OTHER		EMERGENCY CONTACT NAME & NUMBER(S)	

DAY	CODE	TIME	Fall Session	Winter Session	Spring Session

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

Session	Balance	Date	Amount Paid	Pmt method
Fall Session				
Winter Session				
Spring Session				

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

**Credit card Information:**

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

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

Authorization Signature for use of my credit card \_\_\_\_\_

Please PRINT name of the *CLAIMANT* for the CHILDREN'S FITNESS TAX CREDIT

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ROLAND & ROMAINE MANAGEMENT**

**Administrative Notes:**

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