



REGISTRATION 2018-2019

#411, 17665 66A Avenue, Surrey, B.C. V3S 2A7
604-574-2277 dance@danceexp.com
danceexpressionsstudio.com

STUDENT INFORMATION:

Name (First/Last): _____

Date of Birth (mm/dd/yy): _____ Age as at January 1, 2018: _____

Primary Address: _____

Address	City	Postal Code
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Student Cell Phone (If Applicable): _____ Home Phone: _____

Student E:Mail (If Applicable): _____ Student on Facebook (Yes/No): _____

Referred By (Only applicable to new students): _____

PARENT/GUARDIAN INFORMATION:

PRIMARY HOME CONTACT INFORMATION

Name: _____ Relationship to Child: _____

Cell Phone: _____ E:Mail _____

Facebook:	Yes	No
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Name: _____ Relationship to Child: _____

Cell Phone: _____ E:Mail _____

Facebook:	Yes	No
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SECONDARY HOME/EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Child: _____

Cell Phone: _____ E:Mail _____

Home Phone: _____ Facebook: Yes No

Name: _____ Relationship to Child: _____

Cell Phone: _____ E:Mail _____

Facebook:	Yes	No
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WAIVER

I _____ hereby acknowledge and I understand that neither Dance Expressions Studio LTD nor its proprietors, heirs, successors, or assigns, are to be held liable for any injury caused, sickness or disability which occurs to The Student due to physical activity of dance including weekly lessons, practices, competitions, and recital performances for this dance term Sept. 1st, 2018–Sept. 1st, 2019.

PARENT or GUARDIAN SIGNATURE: _____

Dated this _____ Day of _____, 20____ in the City of Surrey, BC.

CLASS SELECTION

CLASS 1			
Day of Week:	Class Time:	Style:	Class Length:
CLASS 2			
Day of Week:	Class Time:	Style:	Class Length:
CLASS 3			
Day of Week:	Class Time:	Style:	Class Length:
CLASS 4			
Day of Week:	Class Time:	Style:	Class Length:
CLASS 5			
Day of Week:	Class Time:	Style:	Class Length:
CLASS 6			
Day of Week:	Class Time:	Style:	Class Length:
CLASS 7			
Day of Week:	Class Time:	Style:	Class Length:
CLASS 8			
Day of Week:	Class Time:	Style:	Class Length:
CLASS 9			
Day of Week:	Class Time:	Style:	Class Length:
CLASS 10			
Day of Week:	Class Time:	Style:	Class Length:

FOR OFFICE USE ONLY

TOTAL HOURS/WEEK	
MONTHLY FEE (BEFORE GST)	
Additional monthly fees (specify i.e. solo/duo)	
EQUAL PAYMENT AMOUNT	
Sibling Discount (specify if applicable)	
SUBTOTAL	
GST (not on costume fees)	
TOTAL	

PAYMENT INFORMATION	CREDIT CARD <input type="checkbox"/>	CHEQUES <input type="checkbox"/>
CREDIT CARD # _____	EXPIRY DATE _____	
FULL NAME ON CARD _____		
I give Dance Expressions Studio Ltd. Permission to charge \$_____ to my credit card on the 1st of every month from September 2018 to June 2019 unless I provide written notice to stop payments by the 10th of the previous month. A \$15 charge will be added for any declined payments.		
Cardholder Signature _____		