

Student Information

Student ID _____

First Name: _____ Last Name _____

Female Male Date of Birth _____ Age (as of Dec 31/17) _____

Parent/ Guardian Name _____

Address _____ Postal Code _____

Contact Phone _____ Alternate Phone _____

Emergency Contact _____ Emergency Phone _____

Email Address (for Studio Correspondence) _____

Additional Email Address _____

Chronic Injuries/ Learning Disabilities _____

Medical Conditions/ Allergies _____

Dance Classes

Style	Office Use	Level	Day	Time
Graded Ballet				
Vocational Ballet				
Pointe/ Boys' Class				
Senior Repertoire				
Modern				
Contemporary				
Jazz				
Jazz Tech/ Conditioning				
Tap				
Musical Theatre				
Hip Hop				
Senior Hip Hop Tech				
Break Dancing				
Acro				
Company				
Additional Classes				

Studio Policies

Please check and sign below to indicate you have read and accept all policies

- You are registering for a dance season that runs 37 weeks over 10 months, Sept – June. Monthly payments equal 1/10 of the annual cost and may not necessarily reflect the number of actual classes in any given month.
- A pre-authorized monthly payment is due on the 1st and/or 15th of each month for the Sept – June season.
- All automatic payments declined for any reason will incur an NSF fee of \$30.00. This includes Credit Cards.
- Payment is due within 30 days of issue of the invoice. Fees that are outstanding for more than 60 days are subject to 1.5% monthly interest, which will be added to your account.
- Registration for more than 15 hours of class time must be preapproved by Judy Russell.
- All withdrawals and/or class changes take effect on the 30th of the month with 30 days prior notice.
- Notice must be given in writing or by email. An email reply from the studio will complete your withdrawal/class change.
- No fee adjustment is made for missed classes except with a medical note.
- The Age of the Dancer will be taken as of December 31, 2017. Dancers must have turned 3 years of age to start any classes, with the exception of Parent and Tot.
- All dancers are expected to participate in the Year End Recital held in June 2018, unless withdrawal is processed by February 28, 2018
- Ballet, Modern, and Stage costume fees of \$100 +GST are due upon registration. They are 100% non - refundable After February 28, 2018. All costumes will be handed out in June.
- A \$20.00 processing fee will be deducted from the refund of the costume fees, if withdrawal takes place before the completion of 3 months of dance
 - Classes may be combined during the final months of the year to accommodate recital preparation

Signature: _____

Date: _____

CisPro
 Recurring
 Newsletter
 Payment Type: CC EFT Payment Plan Paid in Full

Student Name _____

ID Number for Billing _____

Credit Card # _____

Expiry Date _____ V Code _____

I, _____ authorize Judy Russell's Enchainement Dance Centre to debit my account number, as shown above, the monthly fee of _____, on the _____ day of each month, September 2017 to June 2018. I agree to pay a \$30 NSF fee for any pre-authorized debit/cheque returned with insufficient funds and \$30.00 for Credit Cards declined for any reason.

I agree to give written notification to Judy Russell's Enchainement Dance Centre for changes and withdrawals in accordance with written policy. All withdrawals take effect on the 30th of the month. I understand that any charges remaining will be processed as a final authorized payment.

Signature

Date

Registration Day Monthly Fee \$

February Monthly Fee

X Ballet Costume Fee

Total Amount Paid at Registration

X Stage Costume Fee

\$

X Modern Costume Fee

Administration Fee \$

September Monthly Fee

March

Monthly Fee

October Monthly Fee

April Monthly fee

November Monthly Fee

December Monthly Fee

May Monthly Fee

Jan Monthly Fee

June Monthly Fee

Program/Injury/Photo Release Waiver

I, _____ understand that participation in, and the movements involved with a dance program, carries with it a risk of injury. Therefore, I hereby waive and release Enchainement Productions Inc., operating as Judy Russell's Enchainement Dance Centre (hereafter referred to as Judy Russell's Enchainement Dance Centre), from any and all liability for any injuries or illness incurred while at Judy Russell's Enchainement Dance Centre, whether dance related or not. Judy Russell and instructors will not be held liable for any medical expenses incurred while my child(ren)/myself _____ is (are) at Judy Russell's Enchainement Dance Centre.

I hereby authorize Judy Russell's Enchainement Dance Centre to act for me in any emergency requiring medical attention. In lieu of medical certificate signed by a medical physician, I have no knowledge of any physical or mental impairment that would be affected by my/ my child's participation in the dance program.

I grant to Judy Russell's Enchainement Dance Centre, its representatives and employees, the right to take photographs and videos of my child(ren)/myself in connection with my activities through the dance school. I authorize Judy Russell's Enchainement Dance Centre, its assign and transferees, to copyright, use, or publish the same in print and/or electronically.

I agree that Judy Russell's Enchainement Dance Centre may use such photographs and/or videos of me or my child(ren) with or without my name for any lawful purpose, including for example such purpose as publicity, illustration, advertising, and web content for www.judyrusselldance.com

Parent/Guardian/ Signature

Date