



Children's Dance and Drum Program
2015-2016 REGISTRATION FORM

STUDENT INFORMATION

STUDENT FIRST NAME	STUDENT LAST NAME	
NICKNAME/Common Name	SEX	DATE OF BIRTH (MM/DD/YYYY)

PARENT/GUARDIAN INFORMATION (Person for invoice and tax receipt)

PARENT/GUARDIAN FIRST NAME		PARENT/GUARDIAN LAST NAME	
ADDRESS			SUITE/APT#
CITY		PROVINCE	POSTAL CODE
HOME PHONE	CELL PHONE	EMAIL	

MEDICAL INFORMATION

MEDICAL CONDITIONS
ALLERGIES

COURSE SELECTION	FEE	AMOUNT PAYABLE
REGISTRATION (NON-REFUNDABLE)	\$50	\$50
PROGRAM (includes 1 class)		
<input type="checkbox"/> FULL YEAR: SEPT 18, 2015 – JUNE 26, 2016	\$500	
<input type="checkbox"/> TERM 1: SEP 18, 2015 – JAN 30, 2016 <input type="checkbox"/> TERM 2: FEB 5, 2016 – JUN 26, 2016	\$300	
CLASSES		
PRE-DANCE <input type="checkbox"/> Full Curriculum	\$0	
PRE-DANCE 1 <input type="checkbox"/> Full Curriculum <input type="checkbox"/> Creative <input type="checkbox"/> Caribbean	\$50 \$50/YR, \$25/TERM (per class)	
PRE-DANCE 2 <input type="checkbox"/> Full Curriculum (Saturdays Only- Modern, Caribbean, Ballet, Hip Hop, Drumming) <input type="checkbox"/> Full Curriculum (Fridays and Saturdays- includes all classes below) <input type="checkbox"/> Modern <input type="checkbox"/> Caribbean <input type="checkbox"/> Ballet <input type="checkbox"/> African <input type="checkbox"/> Hip Hop <input type="checkbox"/> Drumming	\$200 \$250 \$50/YR, \$25/TERM (per class)	
DANCE 1 <input type="checkbox"/> Full Curriculum <input type="checkbox"/> African <input type="checkbox"/> Hip Hop <input type="checkbox"/> Drumming <input type="checkbox"/> Caribbean <input type="checkbox"/> Modern <input type="checkbox"/> Ballet	\$250 \$50/YR, \$25/TERM (per class)	
DANCE 2 <input type="checkbox"/> Full Curriculum <input type="checkbox"/> African <input type="checkbox"/> Hip Hop <input type="checkbox"/> Drumming <input type="checkbox"/> Caribbean <input type="checkbox"/> Modern <input type="checkbox"/> Ballet	\$250 \$50/YR, \$25/TERM (per class)	
DANCE 3/YOUTH ENSEMBLE <input type="checkbox"/> Full Curriculum <input type="checkbox"/> African <input type="checkbox"/> Hip Hop <input type="checkbox"/> Drumming <input type="checkbox"/> Caribbean <input type="checkbox"/> Modern <input type="checkbox"/> Ballet	\$250 \$50/YR, \$25/TERM (per class)	
TOTAL CURRICULUM FEES		\$
DISCOUNTS (EACH APPLIED A MAXIMUM OF ONE TIME)		
<input type="checkbox"/> Multiple Children (same family)	-10%	
<input type="checkbox"/> Early Registration (by July 5)	-10%	
<input type="checkbox"/> Refer a Friend	-10%	
TOTAL FEES PAYABLE		\$

FUNDRAISING

<input type="checkbox"/> Opt In – Our family will participate in fundraising activities	\$0
<input type="checkbox"/> Opt Out – Our family prefers to contribute directly in place of fundraising activities	\$300/YR, \$150/TERM



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EMERGENCY CONTACT

EMERGENCY CONTACT NAME 1	RELATIONSHIP TO STUDENT	CONTACT NUMBER
EMERGENCY CONTACT NAME 2	RELATIONSHIP TO STUDENT	CONTACT NUMBER

AUTHORIZED PICKUP

NAME	RELATIONSHIP TO STUDENT	CONTACT NUMBER
NAME	RELATIONSHIP TO STUDENT	CONTACT NUMBER

MEDIA RELEASE

I, _____ parent/guardian of _____ hereby

GRANT
 DO NOT GRANT

COBA, Collective of Black Artists and/or partners to record, film, photograph, audiotape or videotape my/my child's name, image, student work, and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works for the purpose of publishing, posting on the COBA's website, posting on social media sites and/or for broadcasting on television or radio as determined by the COBA.

I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works.

I understand that the Works may appear in electronic form on the internet or in other publications outside of COBA's control. I agree that I will not hold the COBA responsible for any harm that may arise from such unauthorized reproduction.

Exceptions requested: _____

Parent/Guardian Signature

Date

WAIVER

The undersigned agrees to indemnify and release COBA, its officers and directors, employees, volunteers, and successors (the "Releasees") from any liability, cause of action or damages howsoever caused, including but not limited to any act, error or omission on the part of the Releasees. The undersigned acknowledges the risks of the instructional program and voluntarily assumes all such risk.

The undersigned authorizes the School to take all reasonable steps to respond to a medical or other emergency, including but not limited to the providing of immediate first aid and obtaining professional medical assistance.

I have read, understood and agree to the foregoing terms and conditions.

Parent/Guardian Signature

Date

I certify that all statements on this application are correct and complete.

Parent/Guardian Signature

Date

Tuition Payment – OFFICE USE ONLY			
Date	Method	Amount	Balance
Date	Method	Amount	Balance
Date	Method	Amount	Balance