



Children's Dance and Drum Program 2017-2018 REGISTRATION FORM

STUDENT INFORMATION

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

PARENT/GUARDIAN INFORMATION (Primary Contact)

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 (PLEASE LIST SEVERITY OF CONDITION AND ANY RELEVANT MEDICATION, EPI-PENS, ETC THAT THE CHILD MAY BRING TO CLASS)

COURSE SELECTION	FEE	AMOUNT PAYABLE
REGISTRATION FEE (NON-REFUNDABLE)	\$50	\$50
PROGRAM FEES (INCLUDES ONE CLASS)		
• FULL YEAR: SEPT 15, 2017 – JUNE 23, 2018	\$500	
• TERM 1: SEP 15, 2017 – JAN 27, 2018 • TERM 2: FEB 2, 2018 – JUN 23, 2018	\$300	

CLASSES		
PRE-DANCE • Full Curriculum (Creative)	\$0	
PRE-DANCE 1 • Full Curriculum • Modern • Caribbean	\$60 (FULL YEAR) \$35/TERM	
PRE-DANCE 2 • Full Curriculum (Saturdays Only- Modern, Caribbean, Ballet) • Full Curriculum (Fridays and Saturdays- includes all classes below) • Modern • Caribbean • Ballet • African • Hip Hop • Drumming	FULL YEAR, \$140 (Sat only) \$340 (all classes) \$35/TERM (per class)	
DANCE 1 • Full Curriculum • African • Hip Hop • Drumming • Caribbean • Modern • Ballet	FULL YEAR, \$340 (all classes) \$35/TERM (per class)	
DANCE 2 • Full Curriculum • African • Hip Hop • Drumming • Caribbean • Modern • Ballet	FULL YEAR, \$340 (all classes) \$35/TERM (per class)	
DANCE 3/YOUTH ENSEMBLE • Full Curriculum • African • Hip Hop • Drumming • Caribbean • Modern • Ballet	FULL YEAR, \$340 (all classes) \$35/TERM (per class)	
CURRICULUM FEES		\$
DISCOUNTS (EACH APPLIED A MAXIMUM OF ONE TIME)		
• Multiple Children with full registration of one child at the highest value in same family • Early Registration (by July 15) • Refer a Friend (one form of discount only allowed per family)	-10% -10% -10%	
TOTAL FEES PAYABLE		\$



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FUNDRAISING (OPTING OUT REQUIRES A CONTRIBUTION AT THE TIME OF REGISTRATION)

- Opt In – Our family will participate in fundraising activities
 - Opt Out – Our family prefers to contribute directly in place of fundraising activities
- one of the payment modes: cash, cheque, e-transfer, debit/credit

\$0
\$300/YR, \$150/TERM

EMERGENCY CONTACT (BESIDES PRIMARY CONTACT)

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

AUTHORIZED PICKUP (BESIDES PRIMARY CONTACT)

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	Rec #
Date	Method	Amount	Balance	Rec #
Date	Method	Amount	Balance	Rec #