



2019/2020 Registration Form

Forms may be emailed to admin@elitedanceacademy.ca or dropped off at the Elite office

Returning students do not need to fill in the grey areas unless information has changed

STUDENT INFORMATION

First Name	Last Name
Gender Male Female	Birthdate: Day Month Year
Student Cell	Age as of September 1, 2019
Address	Postal Code
Health Concerns (Allergies, Ailments etc.)	

PARENT/GUARDIAN INFORMATION

Name	Relationship to child
Home Phone	Cell Phone
Name	Relationship to child
Home Phone	Cell Phone
Name	Relationship to child
Home Phone	Cell Phone

EMAIL ADDRESS(ES) FOR ACCOUNT (minimum 1 email)

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EMERGENCY CONTACT INFORMATION (other than parents/guardians above)

Name	Relationship to child
Home Phone	Cell Phone

Please tell us how you heard about Elite Dance Academy

Yellow Pages	Google	Drive By	Instagram	Facebook		
Poster/Postcard - Where?:			Friend:		Other:	

Check beside the style of class(es) in which you would like to enroll

	SUBJECT	CLASS/LEVEL	DAY
<input type="checkbox"/>	Ballet/Tap Combo (Age 3-4)		
<input type="checkbox"/>	Acro/Jazz Combo (Age 3-4)		
<input type="checkbox"/>	Ballet (Age 5 + up)		
<input type="checkbox"/>	Tap/Jazz Combo (Age 5)		
<input type="checkbox"/>	Hip Hop (Age 4+ up)		
<input type="checkbox"/>	Musical Theatre (Age 4 + up)		
<input type="checkbox"/>	Acro (Age 5 + up)		
<input type="checkbox"/>	Jazz (Age 6 + up)		
<input type="checkbox"/>	Tap (Age 6 + up)		
<input type="checkbox"/>	Contemporary (Age 8 + up)		

Elite Dance Academy 2019/2020 Studio Policies

MONTHLY PAYMENTS

The dance term fees are based on 36 weeks of classes, split over 10 equal payments
Each student must be set up on automatic monthly payments that will be charged on the 1st of each month
ONLY monthly tuition payments will be charged to the credit card or EFT account on file

All declined monthly payments will be charged a \$20 administrative/bank fee

The office must be notified of monthly payment changes (i.e. changes to your credit card or checking account)
prior to the 25th of the current month

If your credit card is compromised it is your responsibility to notify the office prior to the next month's
payment being charged or a late fee will occur, regardless of the reason

LATE PAYMENTS

ALL OVERDUE PAYMENTS WILL BE CHARGED LATE FEES - NO EXCEPTIONS

Late payment fee breakdown: \$25 for the first 1-10 days overdue, \$50 after 10 days overdue

YEAR END RECITAL & COSTUMES

All classes will participate in the year end recital and all students are expected to participate

If your student takes more than 1 recreational class, there is a chance they will perform in more than one recital

Recital costumes will be \$90-120 and payment for the costume will be invoiced in October

Recital costume payments are NON-REFUNDABLE

The recital is in June and will be held at the Jubilee Auditorium

Tickets for the recital will go on sale approximately one month prior

WITHDRAWAL POLICY

Tuition for the month of September and the registration fee are non-refundable

Notice must be given for the cancellation of any class, via letter or email, to the office before the 25th of
the month prior the month of withdrawal

If a student withdraws after the 25th of the month, the following month's tuition will still be charged and
no refunds will be given

CLASSES AND STUDIO CLOSURES

The dance term consists of 36 weeks and no refunds will be given for missed classes

The studio closes for Stat Holidays and long weekends. Classes on these days will be cancelled

The studio closes for a winter break and for spring break (exact dates will be emailed)

GENERAL

Expenses to expect throughout the year aside from monthly fees will include: costumes for recital, photos
(photo packages are optional), and recital tickets

Registration and September fees are non-refundable

The student lounge is available for students to use for 30 minutes before and after their classes

Elite Dance Academy sends most information via email. It is your responsibility to ensure that Elite Dance
Academy has your current email address

A photo will be taken of each student for our internal database for identification purposes

Students are required to wear the appropriate dancewear to class (please see the dance attire sheet)

Students are required to have their hair done for class as per the dance attire sheet

Names should be in ALL dance attire, including shoes

Parents are required to notify the office if a student will be absent

Students are responsible for any damages they may cause to Elite Dance Academy's property

Elite Dance Academy has the right to refuse service

Elite Dance Academy and its staff are not responsible for damages or loss of belongings on its premises

Students may be photographed while at Elite Dance Academy. These photos may be used for the website,
instagram, or facebook. Names of students will never be posted or released

**I agree that by signing below I am responsible for all fees owing to Elite Dance Academy including, but
not limited to, monthly fees, any late fees incurred, and costume charges.**

I have read and understand all studio policies.

Printed Parent/Guardian Name

Signature

Date

Elite Dance Academy 2019/2020 Dance Waiver

DANCE WAIVER:

As the parent or guardian of _____ (student), I authorize the staff of 566636 Alberta Ltd. (O/A Elite Dance Academy) to seek medical service in case of serious injury or illness if I am unable to be contacted. I further agree or accept financial responsibility therefor in excess of benefits allowed by my health plan.

I give my voluntary consent to her/his participation in all dancing programs and activities provided by Elite Dance Academy. I release Elite Dance Academy, its principals, employees and agents, from any and all liability and waive all recourse, loss or damage, including any consequential damage or loss, claims, causes of action of any kind whatsoever arising from her/his participation in the activities. I voluntarily accept the legal risk, thereby expressly giving up any right of action for the physical risk arising from all liability whether such liability arises in contract, by statute, specifically including, but not limited to, the Occupier's Liability Act or in any other manner. I acknowledge that by their very nature, the activities engaged in can be dangerous exposing participants to risks and hazards and that I nevertheless freely and voluntarily assume all of the aforesaid risks and hazards.

I have read and agree to adhere to the above dance waiver.

Printed Parent/Guardian Name

Signature

Date

Elite Dance Academy 2019/2020 Monthly Payment Authorization Form

Returning students must fill out a new payment authorization form each dance season
 If you have more than one student, please combine payments and only fill out ONE form

ONLY monthly tuition charges will be debited as per the below method of payment, all other fees owing must be paid seperately and will not automatically be charged

STUDENT(S) LAST NAME: _____

OFFICE TO COMPLETE THE GREY AREA

Student:						
	<u>Class</u>	<u>Fee</u>	<u>Class</u>	<u>Fee</u>	<u>Class</u>	<u>Fee</u>
Sub Total						
Discount						
Total						
Total Family Monthly Fees					Registration Fee	
Registration & September Fees				Method		Date

Please choose either option 1 or 2 below for your monthly payments

Option 1 - Credit Card

Card Type: Visa MasterCard	Name on Card:
Card Number:	Expiry Date:

_____ Yes, please charge my registration fee and September tuition to my credit card
 (If it has not already been paid at the office)

Option 2 - Electronic Funds Transfer (EFT) - Please attach a void cheque

Registration and September fees must be paid at the office if you choose this option

Account Holder Name:

Please allow this as my authorization to charge my credit card or bank account monthly, on the first of each month, from October 1st, 2019 through June 1st, 2020 in the amount of \$ _____. If the monthly amount changes due to a change in registration, please update my monthly payments accordingly. I am aware that all September and registration fees are non-refundable. **I AM AWARE THAT A \$20 FEE WILL BE APPLIED SHOULD MY PAYMENT BE DECLINED FOR ANY REASON.**

Authorization Signature:	Date:
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