



2013/ 2014 Dance, Drama & Vocal Registration Form

Information:

Name: _____ Age: ____ Grade: ____ D.O.B. ____ / ____ / ____ (M/D/Y)

Class Name/Day/Time: _____ 2ndchoice (if 1stfull) _____

OHIP#: _____

Address: _____ City: _____ Postal Code: _____

Phone: (____) ____ - _____ Cell: (____) ____ - _____

Emergency Phone: (____) ____ - _____ Emerg. Name/Relation: _____

E-mail: _____

(For newsletters and informational purposes only. Your email will not be shared with other companies)

Please note; If you have a friend request (i.e. your child wishes to be in the same class as another child) please list the names below:

Friend's name: _____

Friend's name: _____

Session and Payment Information: (please checkmark session and payment selection)

Full Year Fall Winter/Spring Winter Spring

Parent or Guardian Authorization: I give my approval to my child's participation in "Groove" School of Dance activities and excuse "Groove" School of Dance and its proprietors from all claims and damages that may arise as a result of accidents or losses. I authorize that the directors act for me according to their best judgment in any emergency requiring medical attention. In signing this application, I hereby acknowledge that I have read and understood the conditions and certify that the applicant is in good physical and mental health. I authorize Groove to use pictures for advertising purposes only. Yes ___ No ___

Parent or Guardian Name: _____

Signature: _____

Special Concerns/Allergies: _____

- I agree to the Terms and Conditions above (Parent or Guardian Authorization) in absentia of a signature.
- If paying by cheque (including post-dated payments), please check here and make cheques payable to **"Groove School of Dance INC"**.
- If paying by credit card, please check here and a staff will call you for payment.

Please scan and e-mail registration form to angela@grooveschoolofdance.com
OR mail to **Groove**, 133 Glenwood Cres., Toronto, ON, M4B 1J8

<i>Staff Use Only - Payment Confirmation</i>	
Amount: \$ _____ # _____ V/MC/Debit/Chq/Cash	Date Received: _____ staff: _____
Amount: \$ _____ # _____ V/MC/Debit/Chq/Cash	Date Received: _____ staff: _____
Amount: \$ _____ # _____ V/MC/Debit/Chq/Cash	Date Received: _____ staff: _____