

**YOUTH BALLET and CONTEMPORARY DANCE OF SASKATCHEWAN
2009/2010 Registration Form**

1106 McNiven Avenue, Regina, SK, S4S 3X3 Ph.: (306) 352-9908 Fax.: (306) 585-2565 E-mail: ybcs@sasktel.net

Student(s) Name(s)			
Parent Name #1	Relation to Child /Children	Parent Name #2	Relation to Child / Children
Parent #1 ADDRESS (include postal code)		Parent #2 Address (IF DIFFERENT FROM parent #1)	
		Do you require separate copies of notes, newsletters etc ?	
MAIN CONTACT INFO		Alternate CONTACT INFO (if needed)	
Home #:	Cell #:	Home #:	Cell #:
Work #:	Occupation:	Work #:	Occupation:
E-mail:		E-mail:	

If you **do not have an email address** which you check regularly, we can send messages by **Talk Mail** to your home phone. If you do not have Message Manager you will have to set up your phone to receive our messages (no charge). Do you wish to receive Talk Mail messages? Yes ___ No ___

Emergency Contact Name	Emergency Phone number
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	Student 1	Student 2	Student 3
Name			
Birth date (if not on file)			
Hospitalization (if not on file)			
Medical Concerns			

Classes each student wishes to register for – include class type, level and days registered for (i.e. Ballet 4 T/Th) Include RAD, Company and Ensemble

1st Class			
2nd Class			
3rd Class			
4th Class			
5th Class			
6th Class			
Past dance experience:			

How did you hear about the Youth Ballet Company? Other (specify):

Yellow pages Internet Newspaper School flyer Word of mouth

Consents:

I consent to having my child's photograph taken by photographers or other personnel hired by YBCS for promotional or other such purposes as deemed appropriate by the Company **yes no**

I consent to having our name and phone number listed in a school phone directory to be published by YBCS for its members **yes no**

Signature of parent / guardian

FUNDRAISING

(Excludes students in Adult non performing, Adapted Dance and all first time students)

Your family's fund raising commitment is based on the number of classes taken per week by all eligible members of your family x \$60.

Family Fundraising Commitment (# classes x \$60) = \$ _____

Please indicate ✓ your choice of fundraising method

- | | |
|--|--|
| <input type="checkbox"/> Bingos x ____ (\$60 per bingo) | <input type="checkbox"/> Chocolates x ____ cases (\$75 per case gives \$30 credit) |
| <input type="checkbox"/> Gift wrap etc | <input type="checkbox"/> Payout Monthly \$_____ x 9 |
| <input type="checkbox"/> Payout in 3 installments \$_____ x 3 Sept 1, Dec 1, March 1 | <input type="checkbox"/> Payout in full \$_____ Date: _____ |
| <input type="checkbox"/> Other | |

PAYMENT AUTHORIZATION

I **AUTHORIZE YBCS** to process a monthly debit on my bank account on the first of each month from _____ (date)

to May 1, 2010 to cover my monthly fees.

Your signature _____

Attach void cheque

Is banking information the same as last year ? yes ___ no ___

or

I **AUTHORIZE YBCS** to process a monthly charge to my Mastercard on the first of each month from _____ (date)

to May 1, 2010 to cover my monthly fees.

Your Signature _____

MASTERCARD # _____ Expiry _____

FOR OFFICE USE ONLY						
Family Discounts		Supplementary fees		Extras		Details
Student 1 0%	\$	Costumes \$60 x R&M, P.B., B.1	\$	RAD fees Gr. 1, 4, 5	\$	Sept ___ Nov ___ Jan ___
		Costumes \$65 x Mod, Jazz, B.2,3, Adapted	\$	After RAD \$60	\$	Feb ___ (Gr. 4, 5)
				Vocationals	\$	
Student 2 10%	\$	Costumes \$85 x (Ballet 4 and up)	\$	Company fees	\$	Sept ___ Nov ___
Student 3 20%	\$	Year Book \$25	\$	Ensemble \$140	\$	Sept.
Student 4 30%	\$	Childcare \$8 Adapted, B1,2,3, JJ1,2, Mod A,B,C	\$	Membership \$15 or \$20	\$	
				Registration fee \$15 per student x	\$	
Less \$5 Mondays B.2,3, Jr.Jazz,2 Pre-Teen/Teen 1, Adult Jazz	\$	Total Supps. Divided by ___ ms	\$	Fundraising (if applicable)	\$	
Monthly Class fees	\$	= Monthly Supp. costs	\$			Full year fees less 5% if payment in full
Monthly Fee Calculation						
Class fees \$ _____ + supplementary costs \$ _____ + Fundraising \$ _____ = \$ _____ TOTAL						

This form can be printed out and mailed, faxed or brought in to our office.

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