

# 2018/19 Adult Class Registration Form



	Dancer's Last Name:		First Name(s):	
	Address (include postal code)			
Home #:		Cell #:		
Work #:		Occupation:		
E-mail:				
Emergency Contact Name			Primary Phone No.:	
Birth date (mandatory)				
Health Card # (mandatory)				
Medical Concerns				

	<b>Class Name</b>	<b>Day and Time</b>
	Class	Class
	Class	Class
	Class	Class
	Class	Class
	Class	Class
	Class	Class
	Class	Class
	Class	Class
	Class	Class
	Class	Class
	Class	Class
<b>Total Classes per Level:</b>		<b>Total Classes per Level:</b>

Classes each student wishes to register for – Include class type, level and day registered for (i.e. **Adult Ballet 2 – Saturday**)

**How did you hear about Youth Ballet?**

Returning Student   
  Yellow pages   
  Other (specify): \_\_\_\_\_

Word of mouth   
  Newspaper   
  **NEW STUDENTS to our studio with DANCE EXPERIENCE** - please indicate

School flyer   
  Internet   
 where previously danced \_\_\_\_\_

**Consent:** I consent to having my photograph taken for promotional or other such purposes, including the internet, as deemed appropriate by Youth Ballet.    **yes**    **no**

\_\_\_\_\_    \_\_\_\_\_  
 Signature of dancer    Date

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		The Youth Ballet Staff will assist you in making the following fee calculations based on a number of discounts.			
<b>Class Fees with Family Discounts</b>		<b>Supplementary fees</b>		<b>Extras</b>	
Student 1 0% discount Fees x # months		Year Book \$28 (Optional)		Membership fee \$15 or \$20/family \$_____ + _____ Registration fee \$15 per dancer	<b>NOTE: MEMBERSHIP AND REGISTRATION FEES MUST BE PAID AT TIME OF REGISTRATION 1<sup>ST</sup>)</b>

		Class fees x # of months	+ Yearbook Fee (\$28) Optional	= Total Fees	+ Membership fee \$15 or \$20 /family \$_____ + _____ (Registration Fee \$15 per dancer)	<b>TOTAL FEES</b> (5% discount on yearly class fees if paid in full)	
	Yearly						
	<b>TOTAL MONTHLY FEES:</b>						

	<b>I WOULD LIKE TO PAY YOUTH BALLE</b> by the following payment method for all fees: <input type="checkbox"/> Pay Account in full by cheque or Credit Card (attached) <input type="checkbox"/> Payment by postdated cheques (attached) <input type="checkbox"/> Monthly Bank Pre-authorized Payments (Void Cheque & Form attached) or Credit Card <b>I AUTHORIZE YOUTH BALLE</b> to process a monthly debit on my credit card on the first day of each month from _____ (MM/YYYY)      Credit Card Type: Visa      Mastercard
	No. _____      Expiry Date: _____  Signature _____      Date: _____