

The **S.P.A.C.E.**

School of Performing Arts for the Community of East York

1324 Danforth Avenue, Toronto ON M4J 1M9 416 850-1677 www.the-SPACE.ca linette@the-SPACE.ca



Focused On Building Self-Esteem



STUDENT REGISTRATION FORM 2015 – 2016

Student Name: _____ Birthdate: _____
First Last day month year

Parent/Guardian name(s) _____
Relationship to student

Home Phone Number: _____ Work/Cell Number: _____

Home Address: _____
Street name and number City Postal Code

E-mail Address: _____
will be used for monthly newsletters, updates, and reminders; please note if you are unable to open attachments

Emergency Contact Name and Number: _____
someone other than those named above, to be used only if a parent/guardian cannot be reached

Please note any medical conditions (i.e. asthma, allergies, recent injuries) and course of action below.

Please list any helpful information (i.e. previous experience for new students, learning difficulties, concerns).

New students: Please tell us how you heard about The S.P.A.C.E.!

Returning students will be placed based on past experience; new students without prior training will be placed in the beginner level for their age. All class placements are at the teacher's discretion and The S.P.A.C.E. reserves the right to change them if necessary.

Term I runs September through December; Term II runs January through June (note: Term II fees reflect the longer Term). Fees may be paid in full or in two equal installments per term. Full payment can be made by credit card, cash, or cheque by the first day of classes. First installment cheques must be dated no later than the first day of classes for the Term, with a postdated cheque for the balance dated **November 1st, 2015** for Term I, and **March 1st, 2016** for Term II. Installments must be received with registration.

Although every effort is made to ensure student safety, there are risks due to the physical nature of classes and injuries may occur. *Teachers must be informed in advance if a student is unable to fully participate in class for any reason.* The S.P.A.C.E. and any individual teaching at The S.P.A.C.E. cannot be held responsible for injuries sustained due to participation in class, however caused.

_____ is capable of participating in all activities at The S.P.A.C.E. I have read and understand the above, and assume all risks and responsibilities. I have read and understand the School Policies in the brochure or online, and agree to abide by them. I hereby release The S.P.A.C.E., and all individuals teaching at the School, from any and all liability. I give permission for my/my child's picture, or video of me/my child to appear in promotional material for The S.P.A.C.E. and understand that no identifying information will be used in any such material. I also understand that during performances, picture and/or video may be recorded of me/my child by third parties, and that The S.P.A.C.E. has no control over, and assumes no responsibility for the practices of any third party. I expressly relieve The S.P.A.C.E. from any and all liability arising from the practices of any third party. I also agree to be solely responsible for myself/my child outside of the studio.

Signature (Parent/Guardian signature required if under 18): _____ date: _____

CLASS	DAY AND TIME Please circle where appropriate	FEES		multiple classes	REGISTER
		Term I	Term II		
Parents + Babies/Tots	Monday 9:15–10:00/10:00–10:45	\$169.00	\$279.00	N/A	\$
Creative Movement	Wed 5:15–6:00 Fri 3:30–4:15/4:15–5:00 Saturday 9:00–9:45/9:45–10:30	\$169.00	\$279.00	x =	\$
BEG Ballet	Saturday 10:30–11:30	\$249.00	\$399.00	N/A	\$
BEG Ballet – gr. 1 prep	Friday 6:00–7:00 Saturday 2:30–3:30	\$249.00	\$399.00	x 2 =	\$
BEG Jazz/Hip Hop	Saturday 11:30–12:30 Thursday 6:15–7:15	\$249.00	\$399.00	x =	\$
BEG Musical Theatre	Wednesday 5:30–7:00 Saturday 3:00–4:30	\$369.00	\$589.00	x =	\$
BEG Tap	Monday 4:15–5:15	\$249.00	\$399.00	N/A	\$
JR Acting	Saturday 5:30–6:30	\$279.00	\$439.00	N/A	\$
JR Ballet – gr. 2	Saturday 1:30–2:30 Friday 5:00–6:00	\$249.00	\$399.00	x 2 =	\$
JR Jazz/Hip Hop	Thursday 7:15–8:15 Saturday 12:30–1:30	\$249.00	\$399.00	x =	\$
JR Musical Theatre	Wednesday 6:30–8:00 Saturday 4:00–5:30	\$369.00	\$589.00	x =	\$
JR Tap	Monday 5:15–6:15	\$249.00	\$399.00	N/A	\$
EL Ballet	Tuesday 5:15–6:15 Thursday 5:15–6:15	\$249.00	\$399.00	x 2 =	\$
EL Ballet – gr. 3	Friday 7:00–8:15	\$299.00	\$499.00	N/A	\$
EL Jazz/Hip Hop	Tuesday 4:15–5:15 Thursday 4:15–5:15	\$249.00	\$399.00	x 2 =	\$
EL Musical Theatre	Wednesday 4:00–5:30	\$369.00	\$589.00	N/A	\$
EL Tap	Tuesday 6:15–7:15	\$249.00	\$399.00	N/A	\$
SR Acting	Tuesday 8:15–9:15	\$279.00	\$439.00	N/A	\$
SR Musical Theatre	Wednesday 7:30–9:00	\$369.00	\$589.00	N/A	\$
Adult Ballet	Monday 7:15–8:15	\$249.00	\$399.00	N/A	\$
Adult Jazz/Hip Hop	Monday 8:15–9:15	\$249.00	\$399.00	N/A	\$
Adult Musical Theatre	Wednesday 8:30–10:00	\$369.00	\$589.00	N/A	\$
Adult Tap	Monday 6:15–7:15	\$249.00	\$399.00	N/A	\$
Ballet – Pointe Focus	Thursday 8:15–9:15	\$299.00	\$499.00	N/A	\$
Lyrical/Contemporary	Tuesday 7:15–8:15	\$249.00	\$399.00	N/A	\$
Stretch	Friday 8:15–9:00	\$169.00	\$279.00	N/A	\$
Individual Vocal	Wednesday OR Saturday Preferred time:	\$389.00	\$639.00	x =	\$
SUBTOTAL:					\$
Discounts: choose one Subtract from subtotal	Multiple Class Discount (multiple classes for one student) OR			– 10% =	\$
	Family Discount (two or more members of the same household)			– 15% =	
NEW SUBTOTAL (if applicable)					\$
Registration Fee				+ \$25 =	\$
Please add 13% HST (87120 4426 RT0001).....				+13% =	\$
GRAND TOTAL:					\$

Please make cheques payable to The S.P.A.C.E. – Thank you!

Credit Card Payments: Card type (please circle): Visa MasterCard Expiry Date: _____ Validation Code: _____

Name on card: _____ Card Number: _____

Cardholder Signature: _____ Date: _____

Cardholder authorizes The SPACE to charge this credit card for the full grand total amount.

For Office Use Only – Please Do Not Write In This Area

Please circle: **Full Year** **Term I:** in full installments **Term II:** in full installments

\$ _____ cheque/cash/debit/Visa/MC received: _____ deposited: _____
 \$ _____ cheque/cash/debit/Visa/MC received: _____ deposited: _____

\$ _____ cheque/cash/debit/Visa/MC received: _____ deposited: _____
 \$ _____ cheque/cash/debit/Visa/MC received: _____ deposited: _____

TOTAL.....\$ _____ receipt number(s): _____