

## CANADIAN SCHOOL OF DANCE - PAYMENT FORM

\_\_\_\_\_ Payments

Students Full Name \_\_\_\_\_

### Credit card Pre-Authorization Form

I hereby authorize the office of the Canadian School of Dance to charge my credit card for the amount of \$ \_\_\_\_\_ between the 1<sup>st</sup> and 15<sup>th</sup> of the Month.

My credit card information is as follows:

Card# \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Issuing

Bank or Financial Institution: \_\_\_\_\_

Full Name on Card: \_\_\_\_\_

Date	Amount	Corrections
Sept		
October		
November		
December		
January		
February		
March		
April		
May		

Should the card expire or the above information change during the duration of my fee agreement, I will contact the office prior to the month's charge to update my information so that it remains correct. **A \$40.00 service charge will apply to all RETURNED CHEQUES/DECLINED CREDIT CARDS.** \_\_\_\_\_ (INITIAL)

I understand the above information and the charges to be made to my credit card have been fully explained to me.

\*\* Recital costumes will be charged to your credit card on file, once you have been invoiced.

Signed: \_\_\_\_\_

### For Office Use Only-No Registration without Post Dated Payment-

Payment Options					
Cheque only					
Tuition	\$	Cheque #	Tuition	\$	Cheque #
	1.Sept 1	\$		1.Sept 1	\$
	2.Oct 1	\$		2.Oct 1	\$
	3.Nov 1	\$		3.Nov 1	\$
	4.Dec 1	\$		4.Dec 1	\$
	5.Jan 1	\$		5.Jan 1	\$
	6.Feb 1	\$		6.Feb 1	\$
	7.Mar 1	\$		7.Mar 1	\$
	8.April 1	\$		8.April 1	\$

## CANADIAN SCHOOL OF DANCE - REGISTRATION FORM

<b>EMAIL ADDRESS</b>							
<b>Student Information</b>				<b>Parent Information</b>			
Student Name:				Mother's Name:			
Birthday:	DD/ YYYY	MM/		<b>Cell No.</b>			
Gender:	M	F		Father's Name:			
Home Phone:				<b>Cell No.</b>			
Street:				Sibling(s) at studio:			
City:							
Postal code:				<b>Former Student</b>	YES	NO	
<b>Does the student have any medical problems or allergies that we should be aware of?</b> _____ _____							
				Annual			
Name of Class	Day	Time	Annual Fee \$	Name of Class	Day	Time	Annual Fee \$
<b>Annual Tuition Fees</b>							\$
<b>Annual Registration Fee (1 per family only)</b>							\$30.00
<b>Total Fees owed</b>							\$

Class Schedule subject to change at the discretion of the Directors. \_\_\_\_\_(INITIAL)  
 NO REFUNDS once classes have started. \_\_\_\_\_ (INITIAL) Please see the office for options.  
 NO REFUNDS for classes cancelled for circumstances beyond our control e.g., inclement weather. \_\_\_\_\_ (INITIAL)  
 Dancers are encouraged to make up a class that is a comparable level.  
 Classes cancelled for other reasons e.g. instructor is absent because of illness or other reason, a makeup class will be scheduled. \_\_\_\_\_ (INITIAL)  
 When a Holiday falls on a regular class day, the dancer is encouraged to make up a class that is a comparable level! \_\_\_\_\_ (INITIAL)  
 Male discounts apply only to tuition fees. \_\_\_\_\_ (INITIAL)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_