**PLEASE COMPLETE BOTH PAGES AND RETURN VIA EMAIL TO FAYGLEESONDANCE@GMAIL.COM**

|  |  |
| --- | --- |
| STUDENT NAME | First Name Last name |
| PARENT’S NAME | First Name Last name |
| ADDRESS: | Street address, city and province |
| EMAIL ADDRESS: | Email address |
| POSTAL CODE: | A1B 2C3. |
| PHONE: |  Home phone. Work phone. |
| STUDENT AGE: | Click here to enter age. |
| BIRTHDATE: | Click here to enter date (M/DD/YYYY) |
| SPECIFY LESSONS: | Click here to enter lesson #1 Click here to enter lesson #2Click here to enter lesson #3. |

PAYMENT OPTIONS: 1. IN FULL BY CHEQUE, CASH OR DEBIT

2. WITH REGISTRATION AND BALANCE BY NOV. 30TH

3. QUARTERLY-PAYMENTS DUE SEPTEMBER- NOVEMBER -JANUARY-MARCH

4. MONTHLY

\*\*\*\*\*A $20 SERVICE FEE WILL BE ADDED TO ALL ACCOUNTS NOT PAID IN FULL BY NOV 30

PAYMENTS CAN BE MADE IN PERSON AT THE TIME OF FIRST LESSON, OR BY CHEQUE VIA CANADA POST.

**PLEASE NOTE: WE WILL NO LONGER ACCEPT VISA OR MASTERCARD PAYMENT**

I AGREE TO ABIDE BY ALL THE RULES OF THE FAY GLEESON DANCE CENTRE. I FURTHER AGREE THAT I WILL NOT HOLD THE FAY GLEESON DANCE CENTRE OR ANY INSTRUCTOR OR ANY MEMBER OF THE FAY GLEESON DANCE CENTRE OR ANY FACILITY WHERE THE FAY GLEESON DANCE CENTRE INSTRUCTION IS GIVEN - IN ANY RESPONSIBLE FOR ANY INJURY THAT I MIGHT SUSTAIN AS A RESULT OF MY PARTICIPATION IN ANY OF THE FAY GLEESON DANCE CENTRE PROGRAMS.

|  |  |
| --- | --- |
| DATE: | Click here to enter a date. |
| STUDENT SIGNATURE: | Print first and last name. |
| PARENT SIGNATURE: | Print first and last name. |

[ ]  BY CHECKING THIS BOX, I CONFIRM THAT I UNDERSTAND AND CONSENT TO THE RULES AND TERMS ABOVE.

I ACKNOWLEDGE AND CONSENT TO ALLOW THE FAY GLEESON DANCE CENTRE TO USE PHOTOS AND/OR VIDEOS OF MY CHILD/MYSELF IN PUBLICATIONS AND ADVERTISEMENTS (SUCH NEWSPAPER ARTICLES, BROCHURES), OUR STUDIO WEBSITE OR SOCIAL MEDIA SITES (SUCH AS OUR STUDIO FACEBOOK OR INSTAGRAM ACCOUNT). I UNDERSTAND THERE WILL BE NO FINANCIAL COMPENSATION FOR THE USE OF ANY PHOTOS/VIDEOS.

[ ]  YES [ ]  NO

|  |  |
| --- | --- |
| DATE: | Click here to enter a date. |
| SIGNATURE: | Please print first and last name |

[ ]  BY CHECKING THIS BOX, I CONFIRM THAT I UNDERSTAND AND CONSENT TO THE RULES AND TERMS ABOVE.