



Registration Form

Student Name _____

Parent/Guardian Name _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Home Phone Number ____ (____) _____

Email Address _____

Cell Phone ____ (____) _____ Work Phone ____ (____) _____

Emergency Contact Name _____

Relation to Student _____ Phone ____ (____) _____

Birth date _____ Grade _____

School _____

Medical Info/Allergies _____

Medical Release

In the event you are unable to reach me, in the case of accident or injury, I give my permission for medical care as deemed necessary by staff or emergency personnel. I release Tiger Lily Movement Studio and its staff of liability in case of injury or accident in the studio, facility, or other rehearsal or performance space, incurred to:

Child Name _____

Parent/Guardian Signature _____ Date _____

Studio Information/Policies and Media

I have read all studio information and policies including fees, bad weather/holiday policies, attendance, class observation, dancewear and studio rules. I fully understand and agree to abide by these policies. I consent to allow Tiger Lily Movement Studio to use: photos and/or videos of my child in publications, advertisements and online.

Parent/Guardian Signature _____

Enrolment

The following enrolment is based on TERM 1 which is an 18 week program beginning September 17th 2019 and ending February 1st, 2019. HST is included in all prices.

Pricing varies based on the duration and level of class. A discount applies if a student is enrolled in more than one class per week.



45 Minute Classes: Parent & Child (age 1-2) Buds Ballet (age 3-4) Buds Ballet + (age 3-4: with 1 year experience)	45 Minute Pricing: 1 Class per week= \$290/term (\$58/month) 2 Classes per week= \$515/term (\$103/month)	1 Hour Classes: Ballet 1 (age 5-6) Ballet 1.A (age 6-7) Ballet 2 (age 7-9) Ballet 3 (age 10-12) Contemporary 1 (age 7-8) Contemporary 2 (age 9-12) Jazz Funk (age 6-7) Hip Hop 1 (age 7-9) Hip Hop 2 (age 10-12)	1 Hour Pricing: 1 Class per week= \$335/term (\$67/month) 2 Classes per week= \$560/term (\$112/month)
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CLASS NAME/LEVEL	DAY	TIME	TUITION
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. Registration Fee			\$ <u>20.00</u> (per student)

Payment Options

Option 1: Payment in Full on Date of Registration Date: _____ \$ _____	Option 2: Payment per Month \$ _____ Payments to be made the first of each month, for 5 months, from September 2019 to January 2020*. (Online payments only).
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I am paying with:

Cash E-Transfer Credit Card Cheques

*Cheques payable to Tiger Lily Movement Studio- please include child's name in Memo

**A 2.5% processing fee will be applied to all credit card payments

Credit Card Authorization

Cardholder Name _____

Card Number _____

Total: _____ + Processing Fee (2.5%) _____ = _____

Visa MasterCard Exp. _____ CVV _____

I hereby authorize Tiger Lily Movement Studio to charge my credit card the above noted fees, on the dates specified based on the payment option selected.

Cardholder Signature _____

Date _____

FOR OFFICE USE ONLY: TOTAL TUITION DUE \$ _____

PAID BY: ___Cash___ E-Transfer ___Credit Card___ Cheque (Number _____)