



OFFICE USE ONLY
Membership No. _____

Student Registration Form

Student Name: _____ DOB (mm-dd-yyyy): _____

Address: _____

Postal Code: _____ Primary Phone: _____

Primary Email: _____ Alt. Email: _____

Parent/Guardian: _____ Alt. Phone: _____

**** Students may register for multiple classes for no additional fee ****

Mondays

Art II (Gr. 6-12)

Concert Choir (Gr. K-5)

Costumes & Fashion
Design (Gr. 5-12)

Wednesdays

Art I (Gr. K-5)

Show Choir (Gr. 6-12)

Fridays

Acting I (Gr. K-5)

Acting II (Gr. 6-12)

Stage Sound & Sonics (Gr. 8-12)
(previously "Technical Theatre")

Other artistic experiences (students and/or family members, please specify):

Students under 11 years of age must be picked up by a parent or guardian. Please provide information for any alternate persons that may be picking up your child from time-to-time:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Emergency/Medical Information:

Are there any allergies, medical conditions, special needs or behavioral concerns that could affect your child's ability to participate in activities at Amber Academy that the instructors should know about?

Family Physician: _____ BC Services Card No: _____

Person to contact if parent/guardian listed above cannot be reached in the case of a medical emergency:

Name: _____ Phone: _____ Relationship: _____

Privacy Statement: *Personal information collected on this form will only be made available to the class instructors and Board Members and will only be used for matters associated with Amber Academy management. All information will be treated in confidence and will not be disclosed to any other party without this signor's written consent.*

Fees and Deposits

1. There are no monthly fees to attend classes at Amber Academy, however families **must be registered members of the society** in order for their child/children to participate in the program.
2. A fundraising deposit¹ of \$150/term² per family is required to complete student registrations.
3. Membership fees are due to be paid in full at the time of registration and are non-refundable after 14 days (please include a completed Membership Application form with your registration form).

¹*Post-dated cheques dated for November 1, 2018 and April 1, 2019. Cheques are not cashed and are returned at the end of each term to families that participate in scheduled fundraising events.*

²*First Term: September - December, Second Term: January - June*

Please Note:

- There is a \$25.00 charge for all returned NSF cheques.
- Cheques must be made payable to **Amber Academy Youth Fine Arts Society**.
- If the student's surname differs from the surname on the cheque, please note the student's full name on the cheque.

Send payments (cheque/e-transfer) and forms to:

Amber Academy Youth Fine Arts Society

2515 Watling Way

Sooke BC V9Z 0Y7

Email: admin@amberacademy.ca