

## Nancy Cowan School of DANCE

## REGISTRATION FORM - 2nd TERM (Jan to May 2018)

Dancer's name:	Age:	Date of Birth:
Phone:	Email:	
Mailing address:		P.C
Parent/Guardian's name:		
Emergency contact:Allergies/Health problems:		
How did you hear about school?		
Please indicate which class(es). Note: Class		
SECOND TERM - BALLET PROGRAM, CLAS SJU = St. John's United Church, 400 Prescott WS = The Workshop Dance Studio, 215 Sand New Student ADMINISTRATION FEE  CLASS FEES: 2 <sup>ND</sup> Term (Jan to May 2018) Pre-Ballet (4-6yrs) Friday (1hr) Ballet I (7yrs & up) Wednesday (1hr) Ballet II/III (10yrs & up) Saturday (1hr) Ballet IV (15yrs & up) Friday (1-1/2hrs wing saturday (1-1/4hr) Ballet IV - BOTH CLASSES (2-3/4hrs a week Adult Ballet Level I (beginner) Saturday (1-1/4hr) Level III (intermediate) Saturday (1-1/4hr) Level III (advanced) Wednesday (1-1/4hr)  *There is a 10% discount for a second class/per family/pe  **Note the discounted price is included in the Ballet	4:30pm (at WS) 5:15pm (at SJU) 1:45pm (at WS) 5:30pm (at WS) 4:15pm (at WS) (x) with second class discount =  12:45pm (at WS) (x) with second class discount =  12:45pm (at WS) (x) 2:45pm (at WS)	• Classes start:
<ul> <li>Class schedule and child placement subject to Payment by e-transfer, cash or cheque. Make clear Payment plans available.</li> <li>Costumes for spring performance approx. \$95 (so \$20 fee applies to all returned cheques and to reform Deadline for refunds for 2<sup>nd</sup> Term is February 1.</li> </ul>	heques payable to " <u>NANCY CON</u> solo/duet/trio costumes may be m funds.	<u>'AN</u> ."
PLEASE READ AND SIGN THE FOLLOWING STATEM. I, the undersigned, do hereby release, Nancy Cowan, Nar their respective officers, employees or agents thereof, fro traveling to and from the activity named on the reverse, out of or connected with the operation of this activity.	ENT.  ncy Cowan School of Dance, St. John om all claims for loss, injury or dama	ge to persons and property while participating in or
I have read and understand the above statement.		
Date:	Signature (if	under 18vrs –parent/quardian's signature)

Mailing address: 448 Haresfield Court, Manotick ON K4M 0B6
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