

22705—8th Avenue, Hillcrest, AB  
Phone: 403 562-7730 Studio: 403-328-2365 Cell: 403-330-7699  
Email: [tpdscnp5@gmail.com](mailto:tpdscnp5@gmail.com) website: [www.turningpointedancestudio.ca](http://www.turningpointedancestudio.ca)

## 2017-2018 DANCE REGISTRATION FORM

### PERSONAL INFORMATION

Student Name: \_\_\_\_\_ Birthday (m/d/y) \_\_\_\_\_  
Age (as of December 31<sup>st</sup> 2017) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Health Concerns: \_\_\_\_\_  
Alberta Health Care# : \_\_\_\_\_

### PREVIOUS DANCE TRAINING (indicate years)

Jazz \_\_\_\_\_ Tap \_\_\_\_\_ Ballet \_\_\_\_\_ Hip Hop \_\_\_\_\_ Lyrical \_\_\_\_\_ Pointe \_\_\_\_\_

### PAYMENT PLAN:

\_\_\_\_\_ # of Dance Hours per Month \_\_\_\_\_ # of Costumes & Price: \_\_\_\_\_

Paid In Full with 10% Discount: \_\_\_\_\_

Cheque # \_\_\_\_\_ Cash \_\_\_\_\_ Debit \_\_\_\_\_ Visa \_\_\_\_\_ M/C \_\_\_\_\_

Paid In Full: \_\_\_\_\_

Cheque # \_\_\_\_\_ Cash \_\_\_\_\_ Debit \_\_\_\_\_ Visa \_\_\_\_\_ M/C \_\_\_\_\_

Monthly Payment Plan: \_\_\_\_\_

3 Installments: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* TURNING POINTE DANCE STUDIO WILL NOT ACCEPT ANY REGISTRATION FORMS WITHOUT PAYMENT\*\***

I understand that Turning Pointe Dance Studio, its employees and volunteers are not responsible for injury due to accident or property loss. I know that upon withdrawal from classes, registration fees, costume fees, present month's fees & Sept and May's fees are non-refundable, and that I must give two week's notice (in writing) to receive all other fees back. ***There will be no refund of after February 1<sup>st</sup>, 2018*** I realize that all fees (full or post-dated) must be into the studio prior to the first lesson of the season.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_