



9587 Weston Rd. , Unit 1  
Woodbridge, On L4H 3A5  
905-879-6002

13305 Hwy 27 , Unit 7  
P.O.B 961 Nobleton, On L0G 1N0  
905-859-6002

email: dance@ballare.ca web: www.ballare.ca

## REGISTRATION FORM Dance Year \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMEG. PHONE #: \_\_\_\_\_

Office use only: Student's class(es) and time(s): _____ _____ _____ _____
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STUDENT'S DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

THIS IS MY CHILD'S \_\_\_\_\_ YEAR DANCING AT BALLARE.

E-MAIL ADDRESS: \_\_\_\_\_

Ballare Centre for the Performing Arts Ltd. and/or its agents, assume no responsibility for accidents or injuries however caused, and the applicant agrees to release the proprietors from all claims or damages arising as a result of such accidents or losses.

By signing this form you are giving Ballare P.A.C. permission to use your child's photograph in newspapers or any advertising which promotes the studio. You are also accepting that your child will appear on a professional video taken at our year end recital.

Please note there are no refunds given for discounted full year payments. There are no refunds after the start of a session.

Where did you hear about Ballare P.A.C. ? Referral \_\_\_\_\_ Got My Kids Flyer \_\_\_\_\_  
Returning Customer \_\_\_\_\_ Other (please specify) \_\_\_\_\_

I have received a copy of Ballare's school policies / refund policy : \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

DATE: \_\_\_\_\_