



REGISTRATION & PAYMENT AUTHORIZATION FORM

Student's Last Name: _____ **First Name:** _____

Address: _____ **City:** _____

Birthdate (mm/dd/yy): _____ **Age as of this Sept. 1st:** _____

Mother's Name: _____ **Father's Name:** _____

Mother's Phone #: _____ **Father's Phone #:** _____

Emergency Alt. Contact: _____ **Phone #:** _____

Email Address (for contact & newsletters): _____

Returning K&S Student? YES / NO **Dance Experience:** _____

How did you hear about us? _____

Please indicate any days / times you cannot attend: _____

Class Selection (please circle below)...

JAZZ TAP BALLET HIP HOP MUSICAL THEATRE
 ACRO* TECH. LYRICAL MODERN / CONT. PRODUCTION

***NOTE: INSURANCE IS MANDATORY FOR ALL STUDENTS ENROLLED ACRO CLASSES. INVOICES WILL BE EMAILED OUT IN SEPTEMBER ONCE PRICING IS RECEIVED FROM GYMNASTICSBC.**

ALL PRIVATES WILL BE UPON RECOMMENDATION BY TEACHERS.

I _____ (account holder's name) hereby authorize K&S Dance Productions Ltd. to withdraw the below noted amounts for monthly dance fees on September 15th and the 1st of every month from October to June. I agree to provide K&S Dance Productions Ltd. with one month's written notice if I wish to withdraw from classes. **A \$50.00 costume deposit per dance will also be submitted with registration via cash or cheque and can be post-dated up until September 30th.**

SEPT. 15 TH	OCT. 1 ST	NOV. 1 ST	DEC. 1 ST	JAN. 1 ST
\$	\$	\$	\$	\$
FEB. 1 ST	MAR. 1 ST	APR. 1 ST	MAY 1 ST	JUNE 1 ST
\$	\$	\$	\$	\$

Please attach a void cheque/banking info (**FOR NEW ACCOUNTS ONLY**) with your completed form. We do not require a new void cheque for returning students unless your banking information has changed.

Authorized Signature: _____ **Date:** _____

Annual Registration Fee (payable by cash or cheque) \$25.00 / Student or \$40.00 / Family