

CROSSINGS DANCE MINISTRIES INC.

Box 5, 219 - 153 Ave. SE
Calgary, Alberta T2X 2K2

Phone: 403-254-4321
Email: crostdance@telus.net



REGISTRATION FORM (One form per student please.)

DATE OF REGISTRATION: _____ DATE OF BIRTH: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ POSTAL CODE: _____ HOME PHONE: _____

CONTACT INFORMATION: _____ EMAIL: _____

MOTHER'S NAME: _____ WORK # _____ CELL: _____

FATHER'S NAME: _____ WORK # _____ CELL: _____

EMERGENCY CONTACT (OTHER THAN PARENT) _____ PHONE: _____

PLEASE DESCRIBE MEDICAL ISSUES WE SHOULD BE AWARE OF: _____

(*NOTE*: If you answer this question, please consult with the appropriate medical authority to determine if this activity is suitable for your child.)

CLASS INFORMATION: (Please complete Class name only)

LOCATION: NORTH OR SOUTH (PLEASE CIRCLE ONE)

CLASS NAME	CLASS LEVEL	DAY & TIME	ANNUAL FEE	COSTUME FEE	DISCOUNT #1	DISCOUNT #2	GST	TOTAL
CLASS #1								
CLASS #2								
CLASS #3								
CLASS #4								
CLASS #5								
Registration Fee:								
Total Annual Fee:								
Less: Deposit (non-refundable)								150.00
Balance Owing								<input style="width: 100px; height: 20px;" type="text"/>

PAYMENT SCHEDULE for CHEQUES: [PLEASE NOTE: Credit cards will be paid in 3 installments on Sept 15, Nov 15 and Jan 15]

DATE	AMOUNT	METHOD OF PAYMENT
Due at Time of Registration: \$150.00 Please note: This is not refundable. Please initial that you accept this policy: <input style="width: 40px; height: 20px;" type="text"/>	150.00	
September 1 or 15 (circle preference)		
October 1 or 15		
November 1 or 15		
December 1 or 15		
January 1 or 15		

Employee signature: _____

Date: _____

If paying by Visa or MasterCard, please provide the following information:

I authorize Crossings Dance Ministries Inc. to process all fees on my credit card. I agree to notify Crossings of any changes to my credit card information including a new credit card number or expiry date. Declined credit cards will be assessed a service charge of \$25.00.

NAME ON CARD: _____ CARD NUMBER: _____

charge of \$25.00.

NAME ON CARD: _____ CARD NUMBER _____

EXPIRY DATE: _____ SIGNATURE _____

GENERAL POLICY INFORMATION:

1. **REFUNDS:** The first payment is your deposit and is not refundable. Withdrawals require one calendar month's written notice and must be received prior to the first day of the month. Any fees submitted but not yet deposited after the one month notice period has elapsed will be returned. There are no refunds after January 31.
2. **SESSIONAL PROGRAMS:** Must be paid in full at time of registration. Withdrawal requests must be received in writing two full weeks prior to the start of the program. A \$25.00 administration fee and the registration fee will be retained.
3. **RETURNED CHEQUES and DECLINED CREDIT CARDS:** Will be assessed a service charge of \$25.00.
4. **LIABILITY:** Crossings Dance Ministries, Inc. and its Directors and Employees will not assume liability for any lost or stolen property, for any bodily or personal injury consisting of/or arising out of a participant practicing in any physical training, athletic activity or contest.
5. **ACCOUNT ENQUIRIES or CREDIT CARD INFORMATION UPDATES** can be emailed to corpsbarabooks@shaw.ca

I have read, understand and accept the above policies: SIGNATURE _____
(Parent, guardian or adult student)

PLEASE feel free to discuss with us at any time your questions, concerns or comments.
We would appreciate hearing from you if your contact information changes.