



Recreational: Studio Copy

Name of Student: _____

Students D.O.B.: Month ___ Day ___ Year ___

Parents or Guardian Name: _____

Address: _____

Phone Numbers: Home: _____ Business or Cell _____

**Email Address: _____

Alternate Contact (Relative): _____

Special Concerns & Allergies: _____

How did you hear about us? _____

Student Schedule:

KINDERDANCE _____ ADV. KINDERDANCE _____

JAZZ _____ TAP: _____

BALLET: _____

ACRO: _____

HIP HOP: _____

MUSICAL THEATRE: _____

Classes Commence September 7th, 2021.

Please Note the Following:

Fees are DUE on the first of every month. Applicable H.S.T. is included.

Cash or Cheques or E-Transfer will be accepted on or before the first of the month.

September fees are due on the 1st day of classes. June fee will be for 2 weeks. (1/2 regular amount)

NO REFUND will be given for student's missing classes due to illness (including COVID-19 related illness) or holidays taken by the student. **NO REFUND** for Cancellations of classes due to snow days.

*****A Non-refundable Costume Deposit (per dancer, per dance routine) of \$50.00 is due January 22nd, 2022.

ALL CLASSES ARE SUBJECT TO CHANGE

MICKI'S DANCE CONNECTION INC. IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS.

MICKI'S DANCE CONNECTION INC. IS NOT RESPONSIBLE FOR PERSONAL INJURY CAUSED TO A STUDENT.

ALL N.S.F. CHEQUES WILL BE CHARGED A \$30.00 HANDLING FEE.

I hereby give permission for images of my child, captured during regular & special dance activities through video, photo & digital camera, to be used solely for the purposes of Micki's Dance Connection Inc.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the WHO. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact.

MICKI'S DANCE CONNECTION INC, HAS PUT IN PLACE PREVENTATIVE MEASURES TO REDUCE THE SPREAD OF COVID-19. HOWEVER, MICKI'S DANCE CONNECTION CANNOT GUARANTEE THAT YOU OR YOUR CHILD(REN) WILL NOT BECOME INFECTED WITH COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Micki's Dance Connection.

Parent's Signature: _____ Staff Initials _____

Date: _____ Monthly Fee: _____ Receipt# _____