



STARCAST REGISTRATION FORM

Student's Surname: _____ Nick Name: _____

Student's First Name: _____ Student's Cell: _____

Date of Birth: _____ Age as of September 1ST: _____
(dd / mm / yy)

Mailing Address: _____ Postal Code: _____

Phone: Home (403) _____ Alberta Health Care #: _____

Mother's Name: _____ Bus. & Cell (403) _____

Father's Name: _____ Bus. & Cell (403) _____

Emergency Contact Name & Ph. #: _____

Email Address: _____

Classes to be registered in: (please check below which full-time classes to be registered in)

Full Time:
Yes _____
No _____

Discipline	(√)	Discipline	(√)	Discipline	(√)	Discipline	(√)
Ballet		Modern		Musical Theatre		Pooh's & You	
Tap		Hip Hop		Storybook Ballet		Tigger's Tales	
Jazz		Acro		Rising Stars W S		Triple Threat	
Lyrical		Song & Dance		Shining Stars W S		Adult	

*If full-time please check off classes attending.

Class: _____ Day & Time: _____
Class: _____ Day & Time: _____
Class: _____ Day & Time: _____

Does your child have any medical problems, food allergies or are they taking any medications that the teachers should be aware of? _____

Do you have any relatives enrolled with Starcast? No _____ If yes, name(s): _____

I heard about Starcast from (please circle one): Friend/Family Member Highway Sign Western Wheel
Yellow Pages Website Brochure/Flyer Other: _____

STATEMENT OF WAIVER:

- There is a non-refundable and non-transferable registration fee of \$18.50 per student and \$28.75 per family payable at time of registration. This fee must accompany your Registration Form to reserve your class time in September.
- Payment:** Registration and September and June fees are due upon registration. Future payments may either be made with post-dated cheques, dated October 1 to May 1, or tri-monthly payments due Sept 1, Dec 1, and March 1. All post-dated cheques must be handed in at registration prior to the start of classes. **All cash payments must be tri-monthly.** June is pro-rated for ½ a month's tuition. ***Flexible payment plans may be arranged privately by contacting the Starcast Dance Productions office.**
- Registration: Registration is accepted on a first-come first-served basis. We reserve the right to restrict class sizes. We have the right to refuse service. You may either come to one of our registration nights, email at starcast@telus.net, or mail in the registration form with the registration fee, September & June fees to Starcast Dance Productions, Box 718, Okotoks AB, T1S 1A8. For more info visit our website at www.starcastdanceproductions.com
- There is a \$30.00/class costume deposit that will be required for October 15th. This will only be refunded if your child withdraws from class prior to Dec 31st. Invoices will be issued when costumes are ready for pick-up for any outstanding balances. Some classes may be provided with a rental costume, involving no additional costs or in the event the costume is less, a credit note will be issued.
- Thirty-days written notice (on the first of each month) is required in the event of cancellation. The remaining balance of tuition fees will be refunded excluding the registration fee and pre-paid JUNE payment as this is your cancellation fee. Notifications will not be accepted over the phone. After February 1st, student cancellations will not be refunded for the rest of the dance year due to recital preparation.**
- A service charge of \$25.00 will apply to all returned cheques. Payments that are past due will be subject to a service fee.
- Starcast will not assume liability for any lost or stolen property, or for any bodily or personal injury consisting of/or arising out of any participant practicing or participating in any physical training at or away from the Starcast Dance Productions Inc.
- Starcast Dance Productions Inc. reserves the right to use photographs and videos taken of our program activities for the use of advertisements and promotions.
- I have read and understood the above policies and if the registrant cancels, it is agreed to strictly adhere to the cancellation policy.**

SIGNATURE (Parent or Guardian if under 18)

Dated (dd/mm/yy)

Starcast Dance Productions Inc. Automatic Debit Authorization:

Student Name: _____

Visa Number: _____ **Expires:** _____

Master Card Number: _____ **Expires:** _____

I _____ authorize STARCAST DANCE PRODUCTIONS INC. to charge my
(cardholder name)

VISA/MASTERCARD account for the following monthly payment amounts:

Monthly Payments:

Tri-Monthly Payments:

Registration/Sept/June: _____

Registration/Sept to Nov: _____

October: _____

Dec/Jan/Feb : _____

November: _____

Mar/Apr/May: _____

December: _____

January: _____

February: _____

March: _____

April: _____

May: _____

Customer Signature: _____

Date: _____

Office Use Only - *Cash Payments must be paid Tri-Monthly Only

Registration Payments Enclosed:

Registration Fee: _____ **\$18.50/student or \$28.75/family** **Cheque No.** _____

September/June _____ **Cheque No.** _____

Monthly Post-Dated Cheques Payment Plan:

October 1 _____ **Cheque No.** _____

November 1 _____ **Cheque No.** _____

December 1 _____ **Cheque No.** _____

January 1 _____ **Cheque No.** _____

February 1 _____ **Cheque No.** _____

March 1 _____ **Cheque No.** _____

April 1 _____ **Cheque No.** _____

May 1 _____ **Cheque No.** _____

Tri-Monthly Post-Dated Cheques Payment Plan: (Full year tuition = monthly x 9.5 divided by 3)

September 1 _____ **Cheque No.** _____

December 1 _____ **Cheque No.** _____

March 1 _____ **Cheque No.** _____