



Application Form

SummerArts

509 Parliament Street
Toronto, ON M4X 1P3
www.ccdt.org schoolofccdt@ccdt.org

Office Use Only

Full Program Age: _____
Half Program Age: _____

Office Use Only

Date rec'd: _____
Paid in full:
Method of Pmt: _____
Receipt #(s): _____
Package sent: _____
Date Confirmed: _____

Student Information

Name: _____ Male Female Date of Birth: _____ Age: _____
Day/Month/Year As of July 26/10

Parent's Name(s): _____
Address: _____

Postal/Zip Code _____ Country _____ Email: _____
**Required

Home Phone: _____ Cell Phone: _____
**Required

Emergency Contact: _____ Phone: _____

Parent/Guardian Information

**** ALL FIELDS MUST BE COMPLETED**

Name(s): _____

Address (if different from above): _____

Postal Code/Zip Code _____ Country _____ Email: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Release Form

I hereby certify that my child is in good physical condition and is able to participate fully in this program. All current medical conditions are outlined on this form. I understand the inherent risk involved in the physical activity of dancing and I release CCDT and its teachers from liability in case of accident or injury. I understand that all classes will be conducted in the safest possible manner by trained professional instructors.

NAME OF STUDENT: _____

NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

ALLERGIES/MEDICATIONS: _____

HEALTH CARD # _____

Your contact information will remain in our possession for company/school purposes only. If you do not wish to receive future mailings, please check here

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Applications will be processed in order of those received. Due to enrolment limits, application does not guarantee acceptance. A comprehensive information package will be sent approximately one month after closing date.

Please check the appropriate boxes and remit payment to “School of CCDT”:

Full Day Program

Special Rate (By April 30, 2010) \$345 Early Bird Rate (By May 28, 2010) \$375 Regular Rate (By July 2, 2010) \$395

Half Day Program

Special Rate (By April 30, 2010) \$225 Early Bird Rate (By May 28, 2010) \$250 Regular Rate (By July 2, 2010) \$270

Method of Payment: Please find my cheque enclosed Please charge fees to my VISA (\$7 additional surcharge applies)

Visa #: _____ Exp: ___/___ Name: _____

All registrations are final. There will be no refunds in the event of withdrawal.

CCDT staff will be taking photographs throughout the course of SunDance. These photographs will be used solely for the promotional purposes of the School of CCDT in upcoming years. The children will not be named in these materials.

In signing the form below I waive all rights to the photographs and allow them to be used for their intended purpose. I understand that no fee or reimbursement for the images will be offered.

Signature of Parent/Guardian

NO, I do not wish photos of my child to be used.