



Child's Name: _____ Age: _____

DOB: ____/____/____ OHIP#: _____

Address: _____ City: _____ Postal Code: _____

Cell Number: (____) ____-____ Home Number: (____) ____-____

Emergency Contact Name: _____ Phone Number: (____) ____-____

Guardian E-Mail: _____

Please Select The Days + Time Your Child Will Attend - AM (9a-12:00p) \$50.00 + HST, OR Full Day (9am - 2:00pm) \$80/day + HST

- Sept. 26
- Sept. 27
- Oct. 5
- Oct. 11
- Oct. 17
- Oct. 18
- Nov. 4
- Nov. 18
- Nov. 25
- Dec. 2
- Dec. 19
- Dec. 20
- Dec. 21
- Dec. 22
- Dec. 23
- Dec. 27
- Dec. 28
- Dec. 29
- Dec. 30
- Jan. 3
- Jan. 4
- Jan. 5
- Jan. 6
- Jan. 13

Authorization: I give my approval for my child to participate in "Groove" School of Dance activities and excuse "Groove" School of Dance and its proprietors from all claims and damages hat my arise as a result of accidents or losses. I authorize that the directors act for me according to their best judgement in any emergency requiring medical attention. In signing this application, I hereby acknowledge that I have read and understood the conditions and certify that the applicant is in good physical and mental health. I authorize Groove to use pictures for advertising purposes only. Yes___ No___

Guardian Name: _____ Signature: _____

Child's Special Concerns or Allergies: _____

Credit Card Information:

Name on Card: _____ Signature: _____

Card Number: _____ Exp: ____/____

STAFF USE ONLY			
Amount: \$ _____	CHQ #: _____	Date: _____	Initial: _____
Amount: \$ _____	CHQ #: _____	Date: _____	Initial: _____
Amount: \$ _____	CHQ #: _____	Date: _____	Initial: _____