



PLEASE RETURN REGISTRATION FORM WITH PAYMENT TO:

CONFEDERATION CENTRE OF THE ARTS

Attn: Arts Education

145 Richmond Street, Charlottetown, PE C1A 1J1

Phone: (902) 628.6134

Email: dance@confederationcentre.com

STUDENT'S NAME:

PARENTS/GUARDIAN:

STREET:

CITY/TOWN:

POSTAL CODE:

TELEPHONE: (primary)

EMAIL (for class notices, etc. – please use one you check frequently)

(secondary)

STUDENT'S AGE:

YEAR OF BIRTH: (year)

STUDENT GENDER IDENTITY:

PREFER
NOT TO SAY

STUDENT'S PREFERRED PRONOUNS: SHE/HER | HE/HIM | THEY/THEM | OTHER:

PREFER
NOT TO SAY

STUDENT IS: NEW TO dance program | RETURNING FROM PREVIOUS/OTHER YEAR(S)

IF NEW TO dance umbrella, HOW DID YOU HEAR ABOUT THE PROGRAM?

PLEASE DESCRIBE any needs you/your child may have, including behavioral support, medical conditions, allergies, physical limitations etc.

PLEASE INDICATE WHICH CLASS(ES) YOU ARE REGISTERING FOR (please include name of class, day, and time):

class	day	time	class	day	time
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I HEREBY GIVE CONSENT AND REGISTER above mentioned student in dance class(es) conducted by Confederation Centre's dance umbrella, and understand and accept the terms and conditions which apply. I have also read and understand the sheet of "Important Information". PLEASE BE ADVISED that all classes may be documented by photos and video. Photographs may be used for marketing and publicity purposes. PRIVACY STATEMENT Confederation Centre of the Arts is the sole owner of the information collected here and through our website. We will not sell or otherwise distribute this information to third parties.

I CONSENT TO PHOTOS OF MY CHILD

I DO NOT CONSENT TO PHOTOS OF MY CHILD

KEEP ME UP TO DATE ON PROMOTIONS AND NEW EVENTS AT AND AROUND CONFEDERATION CENTRE OF THE ARTS

NAME / SIGNATURE

DATE

METHOD OF PAYMENT: (For payment inquiries please contact Education and Outreach Coordinator, at 902-628-6134 or dance@confederationcentre.com)

PAID IN FULL

PAYMENT PLAN

cash | cheque | post-dated cheques | credit card

NAME ON CARD

(cheques payable to Confederation Centre of the Arts)

CREDIT CARD NUMBER

EXP. DATE

CVV

FOR OFFICE USE ONLY:

TOTAL DUE

PAYMENT RECEIVED

PP

CF