Name of Dancer:		75 grupo # S	Start Date:	
Registration Fee Paid: (a	amount)	CONTHI ^S SUMPLES	ees:/month	
Dancer's full name:	Date of birth:			
Home address:		City:	Postal Code:	
Parent's name:	Cell ph	one:Email	:	
month will be subject to a \$1	are cash, cheque or e-transfer (e-transfer 0.00 late fee. Registration fee for returning \$50 per family. The registration fee is non-re	dancers is: \$25 per dancer or \$4		
	TUITION FEES AR	RE AS FOLLOWS:		
I class - \$60 2 classes - \$105	3 classes - \$145 4 classes - \$175	5 classes - \$205 6 classes - \$235	\$30 for each additional class.	
	Contact Cathy's Dance Studio Email: ii **Please send us an email with Name of dancer(s) and what th fill in the form with the class, day and time te that Monday classes often fall on ho	nfo@cathysdancestudio.net n the following information** e payment is for (i.e. deposit) es that you would like your dance	er(s) to attend.	
	CLASS	DAY	TIME	
	Required Da	nco Attiro	 	
	g is appropriate (ie. no inappropriate crop y clothing. The dance year runs from Septer **IMPOR	tops, proper length shorts, no nber through the end of May.	inappropriate language, etc.) We ask	
applicable late fees, if I do not owe all applicable dance fees	nild, I MUST let you know by email. I agree the notify you in writing of early withdrawal). I . This also applies to all holidays or weather of the recital costumes are ordered I am also records.	hat I am responsible to pay any ba understand that if my child misse days. If I withdraw after February	es classes (even if it is a whole month) I , I, 2023, I agree to pay for the balance	
Parent name (please print):_				
Parent signature:		Date:		