Groove
Creative Arts Center

2010/2011 Registration Information-Cheerleading

Fall/Winter/Spring Sessions 2010-11

Wednesdays from 5:00-6:15pm

First Wednesday class is Sept. 22nd, 2010

Fall Session	Winter Session	Spring Session
Wed. Sept. 22– Wed. Dec. 8th/10	Wed. Jan. 5th- Wed. Mar. 9th/11	Wed. Mar.30th/11-Wed. June 1/11
In class recital-Wed.Dec.8th/10.	**In class recital- Wed. Mar. 9th/11.**	**Recital- Week of June 8th/11**

Session Pricing Information:

All Packages Prices include taxes and Admin Fee	Cost	Deadlines
Fall Session only- 12 weeks	$360	Sept. 22nd , 2010
Winter Session only-10 weeks, Spring Session only- 10 weeks	$300	Jan. 5th , 2011 or Mar. 30th, 2011
Fall/Winter or Winter/Spring Package Deal (savings of $20)	$640 or $580	Sept. 22nd , 2010 or Jan. 5th, 2011

Payment Plans:

Fall (1 cheque)	$360 Paid in full by Sept. 22nd, 2010
Winter (1 cheque)	$300 Paid in full by Jan 5th, 2011
Fall/Winter (1 cheque)	$640 Paid in full by Sept. 22nd, 2010
Spring (1 cheque)	$300 Paid in full by Mar. 30th, 2011
Winter/Spring (1 cheque)	$580 Paid in full by Jan. 5th, 2011

To Pre-Register and ensure your child a spot in the class please mail your cheque(s) in advance to avoid registration line-ups. A confirmation email will be sent out to you confirming the registration. If you have any questions, please contact the instructor-Jennifer Kurtz at jennykurtz@yahoo.com or call 416-831-9278.

Please make cheques payable to **Starz Entertainment** and mail to:
216 Codsell Avenue, North York, ON M3H 3W9

Refund Policy:

After 1 class, full refund **After 2 classes, 50% refund** **After 3 classes, no refund**

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Information: Name: _____Age: ____ Grade: ____ D.O.B. ___/___/_____ (M/D/Y)
Class Name/Day/Time: _____2nd choice (if 1st Is full)_____
OHIP#: _____
Address: _____ City: _____ Postal Code: _____
Phone: (_____) _____ - _____ Cell: (_____)_____-_____ E-mail: _____
(For newsletters and informational purposes only. Your email will not be shared with other companies)

Session and Payment Information: (***please circle session and payment selection***)

Fall Winter Fall/Winter Spring Winter/Spring

Parent or Guardian Authorization: I give my approval to my child's participation in "Groove" School of Dance activities and excuse "Groove" School of Dance, Starz Entertainment and Jennifer Laura Kurtz, from all claims and damages that may arise as a result of accidents or losses. I authorize that the directors act for me according to their best judgment 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 and Starz Entertainment to use pictures for advertising purposes only.

Parent or Guardian Name: _____**Signature**: _____
Special Concerns/Allergies: _____
_____

Staff Use Only – Payment Confirmation
Amount: $ _____ chq#: _____ $ _____ chq#: _____ $ _____ chq#: _____
Total Amount Received: (Y/N) Initials: _____ Date: _____