

**RANDOLPH KIDS Performing Arts Programs
2009/2010 APPLICATION FORM**

Given Name _____ Surname _____
 Address _____
 City _____ Postal Code _____
 Email(mandatory) _____ Phone# _____
 Birth Date _____ Gender _____ F _____ M
 Parent #1 Name _____ Cell Phone# _____
 Parent #2 Name _____ Cell Phone# _____
 Previous Training/Experience: _____
 Current School (academic) _____ Grade in Sept 2009 _____
 How did you hear about Randolph Academy? _____

CLASS PLACEMENT:

Please indicate the classes you wish to register for. Once registration is received, you will be called to confirm your spot in the class and to ensure your child is placed in the correct class.

- DANCE DIVISION Fee:**
 30 min class \$375
 45 min class \$475
 1 hour class \$575
 1 ¼ hr class \$675
 1 ½ hr class \$775
- Costume Deposit:***
 \$50 per registered class. The deposit will be deducted from the final cost of each costume. (Non-refundable after January 15, 2010)
Dance Discount: 10% off classes when taking 3 or more dance classes.
Family Discount: 5% off each additional child.

CLASS	LEVEL	DAY	TIME	FEE
				\$
				\$
				\$
				\$
Costume Deposit	# classes: _____ X \$50 each registered class*			\$
TOTAL				\$

- "TRIPLE THREAT" MUSICAL THEATRE DIVISION Fee:**
 Broadway Babies (1 hr) \$ 575
 Saturday OR Sunday (3 hrs) \$1275
 Pre-College (3 hrs) \$1500
- Costume Deposit:**
 \$50 per student. The deposit will be deducted from the final cost of costume. (Non-refundable after January 15, 2010).
Family Discount: 5% off each additional child.

AGE CATEGORY	<input checked="" type="checkbox"/> Check one	DAY	<input checked="" type="checkbox"/> Check one	TIME	FEE
Broadway Babies (Gr.1-2)	<input type="checkbox"/>	<input type="checkbox"/> Thursday <input type="checkbox"/> Saturday		5:15(Th) or 10:30(Sat)	\$ 575
Junior (Gr. 3-5)	<input type="checkbox"/>	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		2:00-5:00 pm	\$1275
Intermediate (Gr.6-7)	<input type="checkbox"/>	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		2:00-5:00 pm	\$1275
Senior (Gr. 8-10)	<input type="checkbox"/>	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		2:00-5:00 pm	\$1275
Pre-College (Gr. 11-12)	<input type="checkbox"/>	Sunday		12:00-3:00 pm	\$1500
Costume Deposit		BBabies, Junior, Inter, Senior ONLY		1 x \$50	\$ 50
TOTAL:					\$

- SPOTLIGHT ON ACTING:**
Fee: \$230 per session (\$440 both sessions) **Age Group: Acting 1-Gr. 3-6 (6:15-7:15)/ Acting 2-Gr. 7+up (7:15-8:15)**

Session	Age Group	DAY	TIME	FEE
Session 1 – Sept 23-Dec 9 /09 (12 wks)		Wednesday		\$230
Session 2 – Jan 13-Apr 14/10 (12 wks)		Wednesday		\$230
TOTAL:				\$

PAYMENT OPTIONS: (Applications will only be accepted with payment included with application)

___ Full Payment (dated Sept. 1, 2009)
 ___ Payment Plan (dated *Sept. 1, 2009 and December 1, 2009) (Payment Plan not available for Spotlight on Acting unless registering for both sessions) * **Include costume deposit with Sept. payment-Dance Division AND Triple Threat Division (not Spotlight on Acting)**
 ___ Cheque ___ VISA ___ Mastercard ___ Cash/Debit Please make cheque payable to "Randolph Academy".

CC # _____ Expiry _____
 Name on CC: _____ Signature: _____

REFUND POLICY:
Dance Division: Full refund (less \$25 administration fee) and any class already attended/passed will be deducted . No refunds after January 15, 2010.
Musical Theatre Division: Full refund (less \$25 administration fee) and any day already attended/passed will be deducted. No refunds after January 15, 2010.
Spotlight On Acting: Full refund (less \$25 admin fee) + any class already attended/passed will be deducted. No refunds after the 5TH class.

I have read the refund policy and agree to the terms (please sign below):

Signature of Parent/Guardian: _____ Date: _____

OVER →→

**RANDOLPH KIDS Performing Arts Programs
MEDICAL INFORMATION FORM**

NAME _____

O.H.I.P. # _____

Name and phone number in case of emergency _____

Has your child ever suffered from asthma, heart problems, breathing problems or any other medical condition that may affect his/her ability to participate in this program?

Is your child on any medication?

Does your child have any allergies? Please specify.

Is there anything else we should know about your child?

Signature of Parent/Guardian _____

_____ Date

INJURY WAIVER / PHOTOGRAPHY AND VIDEO WAIVER

The undersigned understands there is a certain element of danger in dancing activities and acknowledges that it has been explained to her/ him that caution and care reduce the element of danger and injury. The undersigned also understands and agrees that the school reserves the right, at any time, to void this membership for an action by the member that the school deems undesirable. The undersigned represents that she/ he is physically sound and has medical approval to proceed with normal routine exercise applicable to the dance arts. I hereby grant permission for my child to participate in all RANDOLPH ACADEMY program activities including photographs and recordings and allow the use of any such material in which my child appears, for promotional, instructional, educational or commercial purposes. I hereby release RANDOLPH ACADEMY and its staff members from all claims for damages arising from participation by my child, during any program or in any facility or any location where a program is held. I hereby give permission to have staff arrange for any emergency medical care including transportation if necessary.

Signature: _____ Name: _____

Date: _____

Please note: No student will be considered registered unless ALL waivers are signed.

Office Use Only:

**Please send completed application form and payment to:
RANDOLPH ACADEMY FOR THE PERFORMING ARTS**

Attention: Nicole Hapke
736 Bathurst Street
Toronto, ON, M5S 2R4

Phone: 416-924-2243, x225 Fax: 416-924-1535

Email: kids@randolphacademy.com