

Student: First Name: _____ Last Name: _____

Phone: _____ Email: _____ Address: _____

CLASS SCHEDULE:

Sep2017- June 2018

	Zumba	Ballet Fitness	CDS Adult
Monday	7:45-8:45 pm		
Tuesday		7:45-8:45 pm	
Wednesday	7:45-8:45 pm		
Thursday		7:45-8:45 pm	
Friday			7:45-8:45 pm*

*if wish to commit to the performance group, the class time is Friday 7: 45pm - 9:15pm. Please follow CDS Adult fee schedule.

Fees Schedule for FITNESS PROGRAM:

*Prices include tax, Annual program runs from Sep2017- June 2018
 *Fitness program exclude CDS Adult Class

	Regular	Student
Drop In	\$15/class	\$10/class
Monthly	\$70/month	\$60/month
Annual (over 6 month)	\$60/month	\$50/month

PASS TICKETS:

* Pass Tickets can not be used towards CDS Adult performance group

	Pass Ticket x 10	Pass Ticket x 20	Pass Ticket x 50
Price	\$140	\$250	\$500

CD ADULT DANCE CLASS*:

*Performance group use only

*Tuition is subject to 5% of GST

	CDS Adult	Performance Group + Fitness Annual
Monthly	\$75/monthly	\$95/monthly
Annual (over 6 month)	\$60/monthly	\$80/monthly

***\$100 costume deposit per student per school year is required at the time of registration. Each set of costume will get charged a dry cleaning fee of \$20 from the \$100 deposit. At the end of each school year, students are required to return all complete sets of costumes in fair condition. Any loss of parts or damage of the costumes will result in a penalty based on the purchase price of each set. At the end of each school year, Ocean Rain will return any unused balance of the \$100 costume deposit. In contrast, any outstanding balance due to costume damage and loss will need to be paid out within 30 days after the school year ends.**

School Policies: * Please go to page 3

OFFICER USE ONLY:

Tuition 1: _____ +Tuition2: _____ +Tuition3: _____

Discount: _____

Tuition Total: _____

GST5%: _____

Costume Deposit: _____

Total: _____

Credit: _____

Total Payment: _____

Date: _____

* Discount Code: Family Discount: F10%, Loyalty Discount: L10%
 * Discount exclude fitness program

• Any food or other Allergies? _____

Emergency Contact (other than guardians):

Name: _____ Relationship: _____

Phone: _____

*Any medical issues should be reported to the office prior to the first day class.

I confirm that I will be participating in activities, programs and services offered by Ocean Rain Arts Academy Inc. and utilizing its facilities or performing at various locations.

I certify that I am in good health and capable of participating in all school activities and classes. I agree it is not the responsibility of any instructor, member, employee or associate of Ocean Rain Arts Academy Inc. to assess my physical, mental or emotional fitness to participate in any of the activities, that I may participate in. I voluntarily assume and accept any and all the risks associated with singing and participating in the program(s), including but not limited, to adverse physical effects, falls, contact with other participants, the effects of temperature and environment and to injury to me. I assume full responsibility during and after any participation in the programs and in using or applying any information or instruction receive.

I hereby waive, release and discharge Ocean Rain Arts Academy Inc., its volunteers, instructors, employees, representatives, directors, officers, agents and all others related to the Ocean Rain Arts Academy Inc. from any and all responsibility or liability for injuries, illness, property damage or damages, including those caused by the negligent acts or omission, or connected with my participation in the activities, programs or services of Ocean Rain Arts Academy Inc., whether occurring on or off the school's premises.

I have read the registration information and understand the Academy's policies as outlined. I understand that I am responsible for tuition payments at the beginning of each month/term.

I authorize Ocean Rain Arts Academy Inc. to call the emergency services or paramedics and discharge me/my student to an ambulance, medical clinic or hospital, if I am not able to authorize it in the case of a medical emergency.

Where a student is under the age of 19, the undersigned Parent or Guardian, agrees to the terms above and makes the representations on behalf of the minor, as if they were the person registering and acknowledge and agree that they know that Ocean Rain Arts Academy Inc. is specifically relying on such agreement and the representations to allow the participation of the student. Further, the undersigned Parent or Guardian hereby agrees to indemnify and save harmless Ocean Rain Arts Academy Inc. from any claims, loss, expenses, damages, suits, or actions of any kind arising out of the participation of the student in the programs, activities and instruction of Ocean Rain Arts Academy Inc. and from the matters stated above. We certify that we have read the above and have signed having been informed and consent to the liability waiver.

Student's Signature: _____ Date: _____

I hereby give permission for Ocean Rain Arts Academy Inc. to take photographs or use photographs of the me alone or with others for promotional uses for the school, whether in its own promotional material or in public publications or media.

I also understand that as its privacy policy Ocean Rain Arts Academy Inc. uses information received from and about me for its own promotional purposes, to allow them to allow it to operate the Academy efficiently, to inform me of activities or programs ongoing or in the future and to allow it to participate with other organizations, competitions, festivals and events. I understand that I may opt out of such use or of part of such use, but in such case I may not receive information about my participation in any activities or may not receive the same on a timely basis.

Yes No

INITIAL:

Ocean Rain Arts Academy School Policy

Payment policy:

1. All fees are paid in full at the time of registration.
2. Post-dated cheques are required payment method at the time of registration.
3. Cash and email transfer are only applicable for one-time only full payment.
4. Email transfer instruction: please send the proper payment to oceanrain.payment@gmail.com. Question: the class that the student is registered in.
Answer: full name of the student (First Last)

Withdrawal and refund policy:

1. Written notice must be received 30 days before the 1st of each month via email: oceanrain.academy@gmail.com.
2. Monthly tuition is non-refundable if written notice is received less than 30 days before the 1st of each month.
3. Refund is calculated and based on monthly (not yearly) tuition rate if withdrawing early from a full-year registration.

Facility policy:

1. Please make sure to drop off your child at the main entrance 5 minutes prior to the class start time. The main entrance will be locked after the class starts to ensure safe and smooth class instruction. Parents are encouraged to leave and come back close to the class end time to pick up child.
2. Benches in the foyer are intended for students to place their bags and shoes. Bags are to be placed on top and shoes are under.
3. Please restrict the ground parking to 15 minutes. If longer time is needed, please use the spacious underground parking space-free!
4. At the end of the class, the instructor will bring students to the side door for parents to pick them up.
5. To be able to provide the best quality instruction possible, please keep the foyer clear and quiet all the time. If a parent needs to talk to the instructor, please make an appointment in advance or wait by the side door after the class to talk to the instructor.
6. Our instructors will ensure those parents are updated and informed of class progress on a regular basis.
7. We make sure that the studio and classrooms are cleaned and well maintained, please make sure to remove your shoes when entering the facility.
8. We are a nut-free facility so please make sure not to bring any food or apply any products that are containing nuts.

* I confirm that I have carefully read and will comply with Ocean Rain Arts Academy School Policy.

Signature: _____

Date: _____