Zhaoli Dance & Arts Development 趙莉舞蹈學校
2011 – 2012 Registration Form 學校報名表格

STUDENT INFORMATION 學生個人資料

Student's Name (學生英文名)	學生中文名	Date of Birth 出生日期

Address (住址) :_____

Home Phone (住宅電話) _____ Cell Phone (手提電話) _____

Parent's Email (家長電郵) _____

Student's Email (學生電郵) _____

Emergency Contact (緊急聯絡人) _____ Phone (聯絡電話)_____

CLASS REGISTRATION AND TUITION 課程報名/學費

(班級名額滿後, 則不再增收)

Location 上課地點	Day 上課日期	Class Code 課程編號	Classroom 教室	Time 上課時間	Tution 學費
				Sub-total	
				GST	
				TOTAL DUE	

Method of Payment : _____ CASH _____ Cheque (NSF cheques will be subject to a $45.00 service fee)
Please make cheque payable to **"Zhaoli Dance & Arts Development Ltd".**

PARENT AUTHORIZATION & CONSENT 家長授權和同意聲明

Zhaoli Dance & Arts Development Ltd.'s Participation Waiver 參與免責聲明

Zhaoli Dance & Arts Development reserves the right to use the student's photo, video or likeness for publicity and marketing of the school. ZD&AD reserves the rights to change, cancel or substitute dates, classes and schedules. ZD&AD and its staff are not responsible for personal injury or damage/loss of belongings on its premises.

Zhaoli Dance & Arts Development Ltd.'s Privacy Acknowledgment: 隱私協定聲明

Personal information collected by the ZD&AD shall be used, retained and disclosed for following purposes: to enable to contact with parents, teachers, schools and physicians, health care providers and to provide you with appropriate program, services and care.

Zhaoli Dance & Arts Development Ltd.'s Tuition Policy 學費政策

I understand that there is no refund or credits can be given for missed classes. Withdrawal from the school requires one month notice and must be received by the school prior to the first day of the month.

I hereby read and understood above information, and agree to abide by all rules and regulations of the Zhaoli Dance & Arts Development Ltd.

學生不足18 歲須由父母或監護人代簽署 (Signed by the parents or guardian if student is under the age of 18)

Student/Parent or Guardian's Name _____

Student/Parent or Guardian's Signature _____

Date : _____