



THE CITADEL DANCE PROGRAM

2015/16 REGISTRATION

CLASS FEES:

DAY	CLASS	AGES	TIME	TERM 1	✓	TERM 2	✓	AMOUNT
WED	Open Level Ballet	Ages 10-14	5-6pm	265		250		
THUR	ABT® Ballet	Ages 6-7	4:14-4:55pm	200		190		
THUR	ABT® Ballet	Ages 8+	5-6pm	265		250		
SAT	ABT® Ballet	Ages 2-3	9-9:25am	130		125		
SAT	ABT® Ballet	Ages 4-5	9:30-10:10am	200		190		
SAT	ABT® Ballet	Ages 6-7	10:15-11:10am	265		250		
SAT	ABT® Ballet	Ages 8-11	11:15am-12:40pm	395		375		
						Scholarship	(minus)	
						Other Assistance	(minus)	
						Administrative Fee	(plus)	\$ 25.00



TOTAL

Fall Payment
Winter Payment

CLC USE ONLY:

Date Registered:		
Regent Park Resident:		y / n

*attach receipt

*attach receipt



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2015/16 STUDENT INFORMATION

Date: _____

Student's First Name: _____ Last Name: _____

Parent/Guardian's First Name: _____ Last Name: _____

Student Date of Birth: _____ / _____ / _____
Example: (1) (January) (2000)

Parent/Guardian E-mail: _____

Parent/Guardian Phone: _____ Student Phone (*optional*) _____

Emergency Contact Name: _____ Phone: _____

Mailing Address: _____
Street Apt City Postal Code

What is the best way to contact you? Email Phone Either/Both

Would you like to receive newsletters about The Citadel School of Dance? YES NO

Would you like to receive newsletters about Coleman Lemieux & Compagnie (CLC)? YES NO

Does your child have any injuries, medical conditions, or medications we should know about?:

How did you hear about these dance classes?

Friend/Family CLC Website CLC Newsletter Flyer Other: _____



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2015/16 STUDENT DANCE CLASS WAIVER

PLEASE READ CAREFULLY AND SIGN BELOW

I, _____, hereby agree to the following:
Print first and last name of parent/guardian

1. That the instruction offered at The Citadel is limited to that of basic dance and health.
2. I acknowledge that I understand the nature of the activities my child will be participating in and that my child is in the proper physical condition and capable of participating in the related activities.
3. I attest that my child has no psychological, medical, or emotional conditions that would prevent my child from safe participation in a dance class.
4. I understand that during the course of the dance class instruction the teacher may aid my child's progress with appropriate physical contact.
5. I understand that Coleman Lemieux & Compagnie is not responsible for my child or other children under my supervision who are left unsupervised in the common areas and areas surrounding The Citadel and that Coleman Lemieux & Compagnie will only be supervising my child when he or she is participating in scheduled dance activities, programs or instruction.
6. I release and discharge Coleman Lemieux & Compagnie, The Citadel, its directors, administrators, and instructors from any and all liability claim, demand, or action, that I have resulting from injury, death, or damages arising from my child's participation in the dance class, or anywhere on The Citadel premises, including loss that may be caused due to negligence of the released party.
7. Coleman Lemieux & Compagnie, The Citadel, its directors, and instructors will not be held liable for personal goods lost or stolen from The Citadel premises.

I have read this agreement and fully understand its content and meaning.

Parent/Guardian Signature: _____

Date: _____



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2015/16 STUDENT PHOTO/VIDEO WAIVER

I, _____, (parent/guardian) give consent for

_____, to be photographed/videotaped by Coleman Lemieux & Compagnie, its employees, agents, associates, or assistants during classes and/or performances with Coleman Lemieux & Compagnie.

I authorize Coleman Lemieux & Compagnie to publish such picture or video footage on websites, social media, and print medias as well as for promotional use of Coleman Lemieux & Compagnie and project partners' activities. Such picture or video footage will not be used for commercial use. This consent is not revocable. This consent shall not allow any further publication or broadcast of such picture or video footage by any other party, or in any other location or format without my advance written authorization.

Signature: _____

Date: _____

Phone: _____

Email: _____



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2015/16 IMPORTANT DATES & RESPONSIBILITIES

STUDENT RESPONSIBILITIES:

Arrive 10 minutes prior to class start time to be ready.

Call CLC at 416-364-8011 xt.5 if you are not arriving to class that day.

Know that no casual conversation is permitted during any classes.

COMMITMENT TO AN INCLUSIVE, NON-DISCRIMINATING ENVIRONMENT:

Coleman Lemieux & Compagnie and the staff of The Citadel Dance Program do not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of our activities or operations. We are committed to providing an inclusive and welcoming environment for all students, parents, visitors and staff. We expect our students to hold the same approach.

IMPORTANT DATES:

TERM 1

First Week of Term 1: September 21-26, 2015

Last Week of Term 1: January 25-30, 2016

TERM 2

First Week of Term 2: February 1-6, 2016

Last Week of Term 2: May 23-28, 2016

FAMILY & PUBLIC VIEWINGS

Parent, Friend & Family Demo Week: Dec 7-12, 2015

Public Showcase: May 28, 2016

BREAKS & HOLIDAYS

Winter Holidays: Dec 20th – January 2

March Break: March 13th – 19th

*The Citadel Dance Programs continues through long weekends