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| **REGISTRATION/RECEIPT FORM 2019/2020** |
| **Date of Registration:** | **New or Returning to class: Please check one****NEW RETURNING**  | **Date of Birth:** |
| **Entering Grade:** |
| **Student Name:** |
| **Parent /Guardian** |
| **Address:** |
| **Email Address:** |
| **Main Telephone:** | **Alternate Telephone:** |
| **CLASS NAME** | **TEACHER** | **DAY OF CLASS** | **TIME** | **AMOUNT** |
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| **PAYMENT BY: CASH DEBIT CHEQUE VISA M/C**  | **REGISTRATION FEE** |  |
|  | **MATERIAL FEE** |  |
|  | **COSTUME FEE** |  |
|  |  |  |
|  | **TOTAL** |  |
| **Post-dated cheques rcvd: S O N D J F M A M J Pre auth credit card rcvd:**  | **TOTAL SAVINGS** |  |
| **Please specify if name on cheque is different than student's last name:** |
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| **Please list any medical conditions/Allergies/Behavioural Concerns:**  |
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| **If you are a music student, will you be taking the RCM exam this year? YES NO Will you be participating in performance classes? YES NO** **There are times when the media runs stories of the activities we have at HCA, or we like to take photographs and/or video tapings to be kept on file, and used in future promotional and/or informational brochures, posters, newsletters, web pages and advertisements for HCA and other related publications.****Do you give consent to your child to be photographed or video taped? YES NO**  |

I have read the Code of Conduct and Payment Information printed on the reverse of this Registration Form and agree to and accept the terms outlined.

Signature of Adult Student/Parent/Guardian Date

Signature of Administrator/Administrator Assistant Date

Telephone: (905) 528-4020 Fax: (905) 525-3007 E-mail: info@hcarts.ca Website: [www.HCArts.ca](http://www.HCArts.ca/) HAMILTON CONSERVATORY FOR THE ARTS - 126 JAMES STREET SOUTH, HAMILTON , ON L8P 2Z4