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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:** | | | |
|  | | | | | | |
| **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](mailto:info@hcarts.ca) Website: [www.HCArts.ca](http://www.HCArts.ca/) HAMILTON CONSERVATORY FOR THE ARTS - 126 JAMES STREET SOUTH, HAMILTON , ON L8P 2Z4