



Four Winds Public School 545 Grandin Drive, Morinville, AB
For more information CALL 825.349.0021
www.fourwindsschool.ca

DANCE ACADEMY

STUDENT-REGISTRATION INFORMATION:

PROGRAM ENTRANCE GRADE LEVEL for SEPTEMBER 2019 school year, (please circle): 5 6 7 8 9

Last Name: _____ First Name: _____

Gender: (please circle) Male Female Birth Date: (dd/mm/yyyy) _____

Permanent Home Address: _____

Town/City: _____ Province: AB Postal Code: _____

Home Phone: _____ Alternate phone: _____

Email address: _____

EDUCATION (SCHOOL CURRENTLY ATTENDING)

Current School Name: _____ Current Grade Level: _____

(Additional options will be chosen at a later date for grade 7, 8 & 9 students)

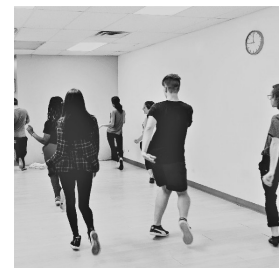
\$200 Registration Deposit Cheque _____ Cash _____ Parent Portal _____

(Please make cheque payable to Four Winds Public School)

(Additional program fees of \$650 will be invoiced with school fees in September)

Parent Name: _____

Parent Signature: _____



**PROMOTING
A HEALTHY
& ACTIVE
LIFESTYLE**

CURRENT PROGRAM PARTICIPANTS MUST RE-REGISTER BY JUNE 15 TO GUARANTEE THEIR PLACEMENT IN THE PROGRAM
REGISTRATION FOR NEW APPLICANTS OPENS MAY 1



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FEE CONTRACT BETWEEN:

_____ for _____ and FOUR WINDS PUBLIC SCHOOL.
(Parent/Guardian Name responsible for school fees) (Student Name)

TUITION PAYABLE FOR DANCE ACADEMY \$650.00

PAYMENT OPTIONS:

Please check the box of your chosen payment arrangement:

- PAYMENT IN FULL, RECEIVED ON _____
(date)
- Monthly payments in the form of post dated cheques, received in the school office by September 7.
(Full payment must be received no later than May 15)
- Electronic payments of \$72.22/month via parent PowerSchool account, with payments made on the 15th of every month from September to May. (Full payment must be received no later than May 15)

CONTRACT OBLIGATIONS ARE AS FOLLOWS:

- I agree to pay the financial obligation as listed above
- I agree that in the event that my child is absent from school, I am not entitled to reimbursement for days missed
- I agree that the school reserves the right to withdraw field trips from any child whose conduct/behaviour/academic responsibility is not deemed satisfactory by any teacher.
- I agree that I will be charged a \$25 NSF fee for each NSF cheque
- I agree that the school reserves the right to withdraw services should payment obligations not be met as listed above

I acknowledge and agree that I have read, understand and agree to the obligations listed in this contract

(Parent/Guardian printed name)

(Parent/Guardian Signature)

(Date)