

BURLINGTON DANCE ACADEMY PRESCHOOL

3584 Commerce Court | Burlington, ON | L7N 3L7

(tel) 905-637-2269 | (fax) 905-637-0077 | (email) info@bdacademy.ca / bdacademy.ca

APPLICATION FOR PRESCHOOL ENROLLMENT

Please return this form with a \$35.00 non-refundable Registration Fee (cheques made out to **Burlington Dance Academy Inc.**).

CHILD'S NAME (first name, last name)

BIRTHDATE (day/month/year)

ADDRESS (include postal code):

PARENT'S / GUARDIAN'S ADDRESS:
(if different from student)

PARENT'S / GUARDIAN'S NAMES:

PHONE NUMBER (include area code):

ALTERNATE PHONE NUMBER(S):

EMAIL ADDRESS:

ALTERNATE CARE INFORMATION for EMERGENCY CARE and PICK-UP

NAME (and relationship)

PHONE (+Area code)

1. _____

2. _____

3. _____

MEDICAL INFORMATION

Doctor's Name

Doctor's Phone No. (+Area code)

Doctor's Address:

PLEASE CHOOSE FROM THE PROGRAM OPTIONS BELOW:

Preschool & JK/SK program (9:30-12:00)

- Mon-Fri
- Mon/Wed/Fri
- Tues/Thurs

Extended day JK/SK-only (12:00-2:30 Mon-Thurs)

- 1 day /week
- 2 days /week
- 3 days /week
- 4 days /week

Lunch program JK/SK-only (12:00-1:00 Mon-Thurs)

- 1 day /week
- 2 days /week
- 3 days /week
- 4 days /week

Preschool & JK/SK Early drop off (9:00-9:30)

- 1 day /week
- 2 days /week
- 3 days /week
- 4 days /week
- 5 days /week

INFORMATION REGARDING YOUR CHILD - PLEASE COMPLETE

Does your child have any allergies or food restrictions? Please explain.

Does your child have an ongoing medical condition of which we should be aware?

Any medications regularly administered? Please explain.

Will this be required at school? _____ (please fill out appropriate forms)

Is your child toilet trained?

How does your child adjust to new situations?

Please include names and ages of any siblings.

How does your child get along with peers?

What are your thoughts on your child's language skills?

What types of toys does your child enjoy?

In general, how would you describe your child?

How did you hear about our program?

Parent/Guardian SIGNATURE

DATE

PAYMENT OPTIONS

- Five post-dated cheques, dated Sep 1, 2020 | Nov 1, 2020 | Jan 1, 2021 | Mar 1, 2021 | May 1, 2021
- I would like to pay through my CREDIT CARD and **I understand that my card will be automatically billed five times annually as stated below** in the Payment Schedule.

Card Type: ___ Visa ___ Mastercard Card # _____

Expiry: _____ / _____ (month/year) Security Code: _____

Name of Authorized User for the Credit Card listed above:

PAYMENT SCHEDULE

Terms: Sept Payment: Sep 1, 2020 Nov Payment: Nov 1, 2020
 Cost of Sept Payment: \$ _____ Cost of Nov Payment: \$ _____

 Jan Payment: Jan 1, 2021 Mar Payment: Mar 1, 2021
 Cost of Jan Payment \$ _____ Cost of Mar Payment \$ _____

 May Payment: May 1, 2021
 Cost of May Payment \$ _____

I hereby confirm that I am the authorized user for the credit card noted above. As such, I authorize Burlington Dance Academy Preschool to automatically post payments to my credit card on the dates noted in the Payment Schedule above.

Signature of Authorized Credit Card / Account Holder: _____

Date: _____

OFFICE USE ONLY:

Payments: Reg. Fee _____ Sep _____ Nov _____ Jan _____ Mar _____ May _____

Date of Admission: _____ Date of Discharge: _____

Please complete all information before submitting the forms.

TERMS AND CONDITIONS

- If your child suffers an injury or sickness, we cannot accept a “suspension” of registration. Your registration is a “yearly” commitment thereby requiring you to pay fees for the balance of the year. If you choose to “withdraw that is acceptable.
- For insurance purposes, it is mandatory for parents to sign and agree to the “Release of Liability” form below. **Children will not be allowed to participate in the program unless this form has been signed and returned.**
- Lesson fees are a yearly amount prorated over ten months.
- **A \$50 service charge will be applied to all returned NSF cheques. A \$15 service charge will be applied to declined credit cards.**
- **Interest will be charged on overdue accounts at a rate of 2%per month**

ACKNOWLEDGEMENT OF RISK AND LIABILITY

I am the Parent / Legal Guardian of _____
Child’s name (please print)

I fully understand and acknowledge that,

- (a) Risks and dangers exist while participating in physical activities
- (b) The participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury.

I agree to release, waive, discharge, and hold harmless Burlington Dance Academy Inc., it’s owners, and it’s employees from any liability, claims, actions or losses for bodily injury, property damage, or otherwise which may arise out of The Minor’s participation in services provided by Burlington Dance Academy Inc. I also authorize Burlington Dance Academy Inc. to take all responsible steps to respond to medical emergencies and to seek medical treatment in the case of injury.

I have read, understand and agree to the “Terms and Conditions” and “Release of Liability” above.

Parent / Guardian’s Name (please print)

Signature of Parent / Legal Guardian

Date

Burlington Dance Academy Inc.
3584 Commerce Court, Burlington, ON, L7N 3L7

**Assumption of the Risk and Waiver of Liability Relating to
Coronavirus/COVID-19**

This waiver form must be signed and returned to Burlington Dance Academy Inc. with an acknowledgement before any use of the facilities is made. Individuals who have travelled outside of Canada within the previous 14 days or who are sick or who have been in contact with someone who is suspected of having Covid-19 must not use the facilities or attend any programs. This access may be withdrawn at any time based on health agency recommendations.

WAIVER OF LIABILITY,

I, (full name of legal guardian of child) _____ would like my child to participate in the preschool/JK/SK program at Burlington Dance Academy Inc. In response to efforts to contain the spread of Coronavirus/COVID-19, I am aware that I am using the facilities at my own risk and will ensure that I will conduct myself in a way that is appropriate. I confirm that I have not travelled outside of Canada for the past 14 days and have not been in contact with anyone who is suspected of having COVID-19. I do not have any symptoms of COVID-19 including but not limited to fever, sore throat, coughing, aches, respiratory problems, dry cough, fatigue, diarrhea, loss of taste or smell, chest pain, rash on skin, discoloration of fingers or toes, headache. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to be spread mainly from person to person contact. Burlington Dance Academy Inc. has put in place preventative measures to reduce the spread of COVID-19; however, Burlington Dance Academy INC. cannot guarantee that you or your child will not become infected with COVID-19. Attending any public spaces increases your risk and your child's risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child and I may be exposed to or infected by COVID-19 by attending Burlington Dance Academy Inc. and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Burlington Dance Academy Inc. may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Burlington Dance Academy Inc. employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child may experience or incur in connection with my child's attendance at the Burlington Dance Academy Inc. or participation in programs at Burlington Dance Academy Inc. On my behalf, and on behalf of my child, I hereby release, covenant not to sue, discharge, and hold harmless the Burlington Dance Academy Inc., its employees, agents, representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, negligence of Burlington Dance Academy Inc., its employees, agents and representatives, whether a COVID-19 infection occurs before, during or after participation in any Burlington Dance Academy Inc. program.

Full Name of Child

Today's Date:

Day _____ **Month** _____ **Year** _____

I have read, understand, and agree to the above terms of participation and the assumption of risk of participation and release all liability.

Full Name of Legal Guardian: _____

Signature: _____

PERMISSION TO BE PHOTOGRAPHED

I, _____, give my permission for _____ to be photographed during school hours and on outings for the purpose of promotions, use in crafts, for distribution to students and for display in the school.

Signature: _____

Date: _____

OCCASIONAL OUTDOOR PLAY PERMISSION

I, _____, give my permission for _____ to occasionally go outside with a teacher for walks, story time, picnics etc.

Signature: _____

Date: _____

POLICIES AND PROCEDURES

This is to confirm that I, the undersigned, have read the Burlington Dance Academy Inc. Parent Handbook completely and agree with the said policies and procedures.

PARENT / GUARDIAN: _____
(please print)

PARENT / GUARDIAN: _____
(signature)

DATE: _____

Please complete all information before submitting the forms.