



Class Registration Form

Office Use Only

Registration Date: _____
 Invoice #: _____
 Deposit Date: _____
 Deposit Amount: _____
 Paid by: _____
 VISA # _____
 MasterCard # _____

Surname	First Name	Name Used	Course: _____		
			Date: _____		
Street Address	Apt. No.		Time: _____		
			After School		
City/Town	Postal Code	Home Phone	Weekends	AM	PM
			Evenings		
E-Mail			Daytime	AM	PM

In Case of Emergency:

Name _____ Home Phone No. _____ Work Phone No. _____ Cell Phone No. _____
 Name _____ Home Phone No. _____ Work Phone No. _____ Cell Phone No. _____

Session (circle): <ul style="list-style-type: none"> • Fall • Winter • Spring • Summer 	Class Location: _____ Classroom: _____
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Mother/Father/Guardian (if applicable)

Surname: _____ First Name: _____
 Home Phone: _____ Office Phone: _____ Cell Phone: _____
 Employer: _____ Employer's Address: _____
 E-mail Address: _____

State of Child's Health (Please list any illness or disability that could affect your child in the course registered.):

Allergies: _____	Special Needs: _____
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Lynrich Arts reserves the right to cancel any class due to insufficient enrolment. In case of cancellation, you will be notified as soon as possible, and your cheque(s) will be returned.

Please note: No refunds or make-ups for missed classes are provided, except where it is the fault of **Lynrich Arts**. These classes will be made up or refunded at the discretion of **Lynrich Arts**.

Terms of Payment: Please refer to the separate schedule of payment for each of the individual programs. Our staff will assist you. A deposit is required with each registration, along with *post-dated cheques* for the balance. Make cheques payable to **Lynrich Arts**. NSF cheques are subject to a \$25.00 service charge. Do *not* send cash in the mail.

If withdrawal occurs *prior* to the start of classes, a \$50.00 administration fee will be retained. There are *no* refunds once classes begin. Any withdrawals must occur a minimum of eight days prior to the start of classes. There are no exceptions.

Release, Indemnity Agreement and Declaration:

In consideration of the application for admission being considered, and in consideration of the admission of the student to **Lynrich Arts Enterprises Ltd.**, the undersigned agree to release, discharge and/or indemnify **Lynrich Arts Enterprises Ltd.**, its directors, employees, agents and servants of all claims and demands whatsoever which may arise as a result of the negligence or otherwise of the student, made by or on behalf of his or her executors or administrators.

I also acknowledge **Lynrich Arts'** policy including payment, refunds and make-up lessons as outlined, and understand that my child or myself is to be enrolled in the course selected, for the entire number of weeks stipulated on the schedule sheet.

Student's Signature: _____ Date: _____

Mother's/Guardian's Signature: _____ Date: _____ Father's/Guardian's Signature: _____ Date: _____