



Indian Classical Dance 2019-2020 Registration



Name of Child: _____

Date of Birth[dd/mm/yyyy]: _____ Gender: [] Male [] Female [] Other identification

School: _____ Age: _____ Grade: _____

Name of Parent(s)/Guardian(s): _____

Address: _____ Unit #: _____

City: _____ Postal Code: _____

Primary Phone Number: _____ Contact Name: _____

Alternate Phone Number: _____ Contact Name: _____

Email Address (optional): _____ **YES!** Sign me up for an email Newsletter: _____

Emergency Contact: _____ **Relationship:** _____

Primary Phone Number: _____ **Alternate Phone Number:** _____

*Please note that **the Emergency Contact must be someone other than the participant's parent(s) or legal guardian(s).** In the event of an emergency or program cancellation, the person named above will be only contacted only if we have been unable to reach the participant's parent(s) or legal guardian(s)*

Please list anyone whom your child has permission to be picked up by (including parent(s), legal guardian(s), and/or siblings). Your child will ONLY be released to those listed. Identification may be requested by Staff.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Does your child have any known allergies (food, drug, environmental) or any dietary restrictions? [] Yes [] No

If yes, please list: _____

Is your child currently taking any medication on an ongoing basis or does he/she carry any emergency medication? [] Yes [] No

If yes, please list: _____

We want your child to have a fun and safe program experience. To help us achieve this we would like you to answer these questions or speak to staff.

Does your child have any special needs or physical limitations that staff should be aware of? [] Yes [] No

If yes, please comment: _____

Does your child have the support of an EA, IEP or IPRC at school? [] Yes [] No

If yes, please comment: _____

Program Information

Bharatnatyam is an ancient and popular Indian Classical dance form. It is noted for its sophisticated vocabulary of sign language based on hand gestures and expressions. Students will learn and explore simple, graceful and vibrant styles of dancing which is rhythmic, deeply devotional and evocative.

Participant Ages 6-12+

Fall Sessions: September 16 - December 16, 2019 – 14 weeks

Winter/Spring Sessions: January 6 – June 22, 2020

Mondays 6:00-7:30pm, 7 classes; \$50
Mitchell Woods PS, 670 Willow Road, Guelph

Payment

The West Willow Village Neighbourhood Group believes that quality children’s experiences should be financially accessible. Program fees are subsidized by the Neighbourhood Group.

Everyone’s financial situation is different. Payment Plans are available and Community Agency subsidies are available, please speak with the course instructor or Linda Busuttill at 519 826 9930.

*A cheque may be made out to the “West Willow Village Neighbourhood Group“
NSF cheques will be subject to a non-refundable fee of \$5.00.*

By signing below, I agree to the following:

I hereby allow my child’s name and photograph to be posted/displayed in the program facility and to be released to the media for the purpose of program publicity. **YES [] NO []**

I hereby authorize program staff to administer emergency first-aid and seek medical treatment or hospital care in the event that a serious injury or illness is incurred while under their care and agree to cover any resulting expenses.
YES [] NO []

I understand that any agents, employees, members, and directors of the West Willow Village Neighbourhood Group, and the West Village Community Development Co-operative Ltd are not responsible for the loss or damage of any participant’s personal property nor are they responsible for any injuries incurred during program activities.

I understand that program staff and volunteers are not responsible for my child prior to their arrival at program and after their departure from program.

I understand that all Staff and Volunteers reserve the right to dismiss a participant who, in their opinion, is a hazard to the safety or rights of others, or who appears to have consistently rejected the reasonable behavioural expectations of the program. I also understand all participants are bound to the West Willow Village Code of Conduct, and the steps that Staff will take if behavioural challenges persist.

[] Program Handbook provided _____ [staff initials]

Parent/Guardian Signature

Date

The personal information on this form is collected and retained in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), for administration of the West Willow Village Neighbourhood Group programs. At no time will your personal information be disclosed without your express written consent.

***If you have any questions you may contact the West Village Community Development Co-op Ltd,
(519) 826 9930 or by email at info@westwillowvillage.ca***