

EJS SCHOOL OF FINE ARTS

STUDENT REGISTRATION AGREEMENT 2021-2022

1. The school year has two terms: September/21 - June/22
2. Payment of tuition(s) will be made by either:
 1. One full payment
 2. By convenient payment plan of (10) post-dated cheques or arranged e-transfers up to and including June 2021 payable to *EJS School of Fine Arts* and dated the first (1st) day of each month unless another day during the month has been arranged with the director.
3. All returned cheques for whatever reason will be subject to a \$25.00 service charge
4. Students are to make a full year's commitment as the programs are progressive.
5. Tuition Fees will not be fully refunded after Oct 1, 2021. All student withdrawals after Oct 14, 2021 from any Art, Dance or Theatre Class are subject to a 12 week Tuition penalty.
6. If classes are cancelled due to unforeseen circumstances (e.g. snow conditions) they will not be rescheduled unless more than 2 are missed consecutively

NO CLASSES ON THE FOLLOWING DATES:	
National Day of Truth and Reconciliation	September 30, 2021
Thanksgiving:	October 11, 2021
Remembrance Day:	November 11, 2021
Christmas Break:	December 19, 2021 - January 3, 2022
Family Week:	February 21-25, 2022
Spring Break:	March 12 - March 25, 2022
Easter:	Friday, April 15 – Monday, April 18, 2022
Victoria Day:	May 23, 2022

Classes for 2021-2022:

- Classes are once a week
- September 2021 - June 2022
- Payable in Full or by (10) convenient monthly instalments
- Class availability: Monday – Saturday (see specific class schedules)

I have read and agree to the terms set forth in the Student Registration Agreement and have attached a complete set of Post-Dated Cheques (complete up to June 1, 2021) or Full Payment.

Student's Name: (Please Print) _____

Parent's Name: (Please Print) _____

Parent's Signature: _____ Date: _____

EJS School of Fine Arts

Student Contact Information Sheet
(please print clearly)

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 M T C B

Name of Student: _____

Students Date of birth: _____

Parent or Guradian: _____

Current
Mailing Address: _____

Postal Code: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Auxiliary Phone #: _____

E-mail address(s): _____

Emergency Contact Person: _____

Phone #: _____

Special Exergency Information: _____
(Medical condition, allergies, etc...)

**All information is held confidentially and is only used for contact between EJS and Students.*