

S.A. Academy Registration Form

Grade _____

Student Name _____	DOB <u>MM / DD / YY</u> M___ F___	Castlemore PS (Fri) <input type="checkbox"/> Markham Ctr (Sat) <input type="checkbox"/> Online Classes (Sat) <input type="checkbox"/>
Subject _____	Grade/Level _____	Time _____
Subject _____	Grade/Level _____	Time _____

Parents/Guardian Name _____ Cell Phone # _____

Home Phone _____ Email address: _____

Address _____ Postal Code _____

OHIP # _____ Doctor Name _____ Tel.: _____

Any allergy? (Please list) _____

Emergency contact _____ Relationship _____ Phone # _____

REFUND POLICY: NO REFUND IF WITHDRAW 30 DAYS PRIOR TO START OF PROGRAM. IF WITHDRAW 30 DAYS OR MORE PRIOR TO OUR START OF A PROGRAM, THERE WILL BE A SERVICE CHARGE OF \$50 REQUIRED.

FOR NSF/RETURNED CHEQUES. THERE IS A \$48 S/C FROM OUR CENTRE. There is a one time non-refundable \$30 admin. charge upon registration.

For course transfer: \$30 service charge. No credit balance refund from course transfer at any time.

Cheque payable to : Smart Advantage Academy Inc., Please note that we do not accept post-dated cheques.

如任何支票退票,本中心一律收\$48手續費. 如於30日前取消補習班,手續費\$50. 30日或以後不得退款.

For Interac payment, please pay saapayment@smartabacus.com

I hereby release Smart Advantage Academy and their staff from all damage claims arising from accident and/or injury which may be caused/arose from participation of the applicant herein, during any program/facility/location where a program is held. Please note that no compensation of class arising from “act of god”, inclement weather/school closure due to strike/walkout from union staff. Students must remain in the school property or stay inside their classroom to wait for parents to be picked up. Our centre will not be responsible if the students leave the school property without our consent. Please be reminded that student’s activities photos/video may be displayed in our promotional materials occasionally. *Submission of this form does not guarantee placement in a program. Please call 905-604-6080 if you haven’t received confirmation one week prior to course commencement. (Our office will call you only if there is course cancellation.)

I certify that I have read this document and its content, and agree to its terms.

Parents/Guardian Name (Print legibly) _____

Parents/Guardian Signature (Signed and acknowledged by:) _____ Date _____