

EJS SCHOOL OF FINE ARTS

STUDENT REGISTRATION AGREEMENT 2024-2025

1. The school year has two terms: September/24 - June/25
2. Payment of tuition(s) will be made by either:
 1. One full payment
 2. By convenient payment plan of (9) post-dated cheques or arranged e-transfers up to and including May 2025 payable to *EJS School of Fine Arts* and dated the first (1st-15th) 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, 2024. All student withdrawals after Oct 14, 2024 from any Art, Dance or Theatre Class are subject to a 12 week Tuition penalty. Classes missed due to Student's Absence will not be rescheduled or replaced.
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, 2024
Thanksgiving:	October 14, 2024
Halloween:	October 31, 2024
Remembrance Day:	November 11, 2024
Christmas Break:	December 17, 2024 - January 6, 2025
Family Week:	February 15-21, 2025
Spring Break:	March 16 - March 30, 2025
Easter:	Friday, April 18 – Monday, April 21, 2025
Victoria Day:	May 19, 2025

Classes for 2024-2025:

- Classes are once a week
- September - June
- Payable in Full or by instalments: Option 1 (4 equal payments) or Option 2 (9 equal payments)
- 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 May, 2025) or E-transfers 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)

- MUSIC ART DANCE
 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.*