

# StellaPride Academy

## REGISTRATION FORM

### PARTICIPANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male Age: \_\_\_\_\_ Grade/Class/ Year (if relevant) \_\_\_\_\_

Program attending at registration: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_


Parents' / Guardian's Telephone (Include area code) \_\_\_\_\_

Mother's/Guardian's name: \_\_\_\_\_ Email \_\_\_\_\_

Father's/Guardian's name: \_\_\_\_\_ Email \_\_\_\_\_

Mother's Phone No(s): \_\_\_\_\_ Father's Phone No(s): \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone

 Please list Special Education Needs or Accommodation Needs (If Applicable) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify any health problems which interferes with education: \_\_\_\_\_  
\_\_\_\_\_

Is the student on any medication? No /Yes. If Yes, please specify \_\_\_\_\_  
\_\_\_\_\_

Payments: Tuition may be paid by cheque or bank transfer. Make the cheque payable to: StellaPride Academy (SPA) Limited.

Preferred Fee Payment Structure:

Full Session All Subjects [  ] Monthly Per Subject [  ]

All payment must indicate the student's name, and program paid for. Full fees are paid before the start of classes.

Contact Information

For more information, contact: talktostellaprideacademy@outlook.com

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

#### REFUND POLICY:

1. StellaPride Academy will not be liable for untraceable/ unidentifiable payments which bear no students' name and program paid for.
2. No refunds will be made for missed lessons for up to three months without a prior formal notification of extenuating circumstances for missing classes.
3. Where refunds are approved, a 10% administrative fee will be deducted from total fees to be refunded.

#### AUTHORIZATION

I hereby give permission to StellaPride Academy to photograph and/or videotape my child /ward or me (if 18 years and above) for educational or promotional purposes. Yes/No (circle your choice)

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature (18 - 21yrs) \_\_\_\_\_ Date \_\_\_\_\_

#### CODE OF CONDUCT

I understand that StellaPride Academy, has the right to deny admittance to any student who does not meet the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that I (if student is 18 years and above) /my child (if student is under 18 years) engages in inappropriate conduct (including, but not limited to disruptive or volatile behaviour during their learning/interaction with SPA staff / program, etc.) or becomes involved in any activity or with any persons in ways detrimental to the image and operations of SPA. StellaPride Academy has the right to exclude such students temporarily or permanently for inappropriate conduct.

I further attest that the information contained in this application is correct to the best of my knowledge. In conclusion, I have agreed to all the policies stated, fee payment, and Code of Conduct.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Students' Signature \_\_\_\_\_ Date \_\_\_\_\_