

SERBIAN CULTURAL ASSOCIATION " OPLENAC"

REGISTRATION FORM / UPISNICA

IME / FIRST NAME	PREZIME/ LAST NAME
DATUM ROĐENJA (DOB)	
ADRESA / ADDRESS	
KUĆNI TELEFON / HOME PHONE	
MOBILNI TELEFON RODITELJA / PARENTS' CELL PHONE	
E-MAIL ADDRESS 1	
E-MAIL ADDRESS 2	

Programs:

FOLKLORE

ORCHESTRA

CHOIR-ADULTS

CHOIR-CHILDREN

DRAMA SCHOOL

SERBIAN LANGUAGE SCHOOL

RECREATIONAL FOLKLORE

Parent's Occupation: _____

Folklore I ensemble/reprezentativni	Sreda/Wednesday 7:00-9:00 pm	and	Nedelja/Sunday 6:00-9:30pm	\$375.00
Folklore II ensemble/pripremni	Nedelja/ Sunday 4:00-6:00pm			\$375.00
Folklore III ensemble	Utorak/Tuesday 7:00-9:00 pm			\$330.00
Folklore IV ensemble	Subota/Saturday 10:30-1:00pm			\$330+\$40 snack
Folklore - youngest ensembles	Saturday 10:00-1:00pm (4-9 yrs)		Saturday 10:00-12:00pm (3-4 yrs)	\$330+\$40 snack
Drama school	Četvrtak/Thursday 6:00-8:00 pm		Četvrtak/Thursday 8:00-10:00 pm	\$190/semester
Serbian language school	Subota/ Saturday 1:15-2:45 pm			\$120/semester
Choir-children	Subota/ Saturday 12:15-1:00pm			\$100/semester
Choir-adults	Sreda/ Wednesday 8:00-10:00pm			\$80/semester
Recreational folklore	Četvrtak/Thursday 7:00-10:00			\$10/visit or \$300/year

"Oplenac" reserves the right to change this schedule/price list.

Porodični popust za Folklor/Family Discount for Folk Dancing: Drugo dete/Second child 20% less, Treće dete/Third Child 40% less 10% discount on additional activities except for drama school/kids theatre.

CONSENT FORM

I, _____, fully understand and accept full responsibility for all events I take part in at SCA "Oplenac".

By no means is "Oplenac" Serbian Cultural Association of Metropolitan Toronto and Mississauga liable for any accident that may occur. In case of known medical condition (such as allergies), it is the parent's or legal guardian's ultimate responsibility to provide adequate care for the child. In case I cause any damage to the SCA Oplenac building or property, I will be responsible for the cost of replacement/repair.

Signed in _____, on this _____ day of _____, 2012
 (city) (day) (month)

 Signature of participant
 (If participant is over 18 years of age)

 Signature of parent/guardian
 (If participant is under 18 years of age)

HEALTH / EMERGENCY INFO

Name of participant: _____
 Home telephone number: _____
 Health Card Number: _____
 Emergency Contact: _____
 Emergency Telephone: _____
 Allergies: _____
 Other Health Conditions: _____

Relationship: _____

SCA Oplenac Use Only:	
Fee paid: _____ Amount: _____	
Cheque _____ or Cash _____	Received By: _____ Date: _____