



REGISTRATION FORM

260 Centrum Boulevard
Orleans , Ontario, Canada
K1E 3P4

Telephone: 613-834-4329

<http://www.dancerstudio.ca>
mikiwhytedance@hotmail.com

Student Name		
Address		
City	Province	Postal Code
Tel #1	Tel #2	
Would you like to receive the school newsletter via email? No <input type="checkbox"/> Yes <input type="checkbox"/>		Email:
Name: Parent/Guardian #1		
Occupation:		
Name: Parent/Guardian #2		
Occupation:		
In case of emergency, please notify		
Emergency telephone		
Student's age (as of September 1st)	Birth Date (yyyy mm dd)	
Programs or curriculum choices:		
<input type="checkbox"/> Parent & Tot (20mos - age 2.5) <input type="checkbox"/> Early Childhood (ages 3-4) <input type="checkbox"/> Ballet		
<input type="checkbox"/> Jazz <input type="checkbox"/> Tap <input type="checkbox"/> Hip-Hop <input type="checkbox"/> Lyrical <input type="checkbox"/> Pointe <input type="checkbox"/> Contemporary <input type="checkbox"/> Large/Line Jazz		
<input type="checkbox"/> Recreational <input type="checkbox"/> Competitive		
Previous training? Please list past experience in dance (include styles of dance and number of years)		
Name of previous dance school:		
Any health or physical restrictions?		
How did you hear about our school?		
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Facebook	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Performance	<input type="checkbox"/> Website	Other _____

