Receipt	#	
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REGISTRATION / INSCRIPTION

NAME/N	MOI
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Last/Famille	First/Prénom	Age Date of Birth, Day	/Date de naissance Month Year
		Day	Month Year
		()(/	/)
Parents' Family Name	•	·	
Nom de Famille de Par Mother's Name:	ent (si autre que	The 4.1 and a The second	
Address/adresse:			
		A4	
Street/Rue:		_	
City/Ville:			
<u> </u>		Cell #	
		should be aware of? Yes Nate santé que nous devrions savoir	
Classes offered / Voici			
CREATIVE DANCE (3-4 y	rear olds)	TAP	
NURSERY TAP (5-6 year	olds)	BALLET	
		4 D. 11 W 111 D 110 D	П
NURSERY PRE-BALLET	(5-6 year olds)	ADULT HIP-HOP	Ш
JAZZ (7 years by Dec. 31 st)			П
ACRO (7 years and up)	Ш	ADULT TAP (several years of	tap)
HIP-HOP (8 years by Dec. 31	st)	MODERN (must be senior stud	lent)
MUSICAL THEATRE (9	_	(·,
	,		
PREVIOUS DANCE TRAININ	G YES / NO C	Please circle)	
If new student, how did you he	,	•	
Notes: (Will try to accom	modate and place	e friends in same class. Keep i	n mind that the
level of dance training m	ust be similar.)		
LIABILITY DISCLAIME	<u>R:</u>		
By signing this form,			11 0 1
		ts instructors/helpers are not held res I liable for injury or health risk sustai	-
		ard School of Dance. I allow pictures	
promotional reasons.			
Signature:		,	2015 (date)
		·	<u> </u>
Date:	Init:	Cash	Chq