6 SCOTT DRIVE , SUITE 202
RICHMOND HILL, ONTARIO
L4C 6V6
Phone: 905 709-6092 • Fax: 905 709-6098
www. dancetastic.ca Email: info@dancetastic.ca

REGISTRATION DATE

_____/_____/_____
DAY MONTH YEAR

REGISTRATION FORM (circle which program applies RECREATIONAL or COMPETITIVE program

BILLING INFORMATION

PARENT #1 _____
FIRST NAME LAST NAME

Address: _____
ADDRESS CITY PROVINCE POSTAL CODE

_____
HOME PHONE WORK PHONE CELL PHONE EMAIL ADDRESS

PARENT #2 _____
FIRST NAME LAST NAME

_____
HOME PHONE WORK PHONE CELL PHONE EMAIL ADDRESS

Emergency Contact _____
FIRST NAME LAST NAME

_____
HOME PHONE WORK PHONE CELL PHONE

# of Children at D.T.S. 1) _____ 2) _____

3) _____ 4) _____

STUDENT _____
FIRST NAME LAST NAME

Address: same as above ¤

_____
ADDRESS CITY PROVINCE POSTAL CODE EMAIL ADDRESS

_____
(BIRTH DATE) (DD/MM/YEAR:) SEX (M or F) HEALTH CARD #

Medical Information _____
DR. NAME PHONE

CLASS ENROLLMENT FOR STUDENT NAME: _____

NAME OF CLASS (Class Discipline)	DAY & TIME	LEVEL Recreational or Competitive	STUDIO #	TUITION/FEE/YEAR

WHITE: OFFICE COPY - YELLOW: CUSTOMER COPY

TOTAL $ _____