

## Student Registration Form

<b>Student</b>						
Last Name		First Name				
Date of Birth		Gender	<input type="checkbox"/>	Female	<input type="checkbox"/>	Male
Adress						
City   Province		Postal Code				
Phone Number		Email				
Prior Experience in Dance/Arts						
Program	<input type="checkbox"/>	General Program				
	<input type="checkbox"/>	March Break Camp				
	<input type="checkbox"/>	Summer Intensive Course in July				
	<input type="checkbox"/>	Summer Intensive Course in August				
<b>Contact Person</b>						
Name		Relation				
Phone Number		Email				
Address						

Please, register the above student in the marked program.

Date: \_\_\_\_\_ year, \_\_\_\_ month, \_\_\_\_ day

Name of Student/Guardian: \_\_\_\_\_

Signature of Student/Guardian: \_\_\_\_\_