

The Dance Extension Inc. Registration Form

50 Paxman Rd Unit#15, Toronto, ON. M9C 1B7

(416) 626-1916

Please print, fill out form, and bring it into our studio!

Student Information

First Name: _____ Last Name: _____

Age: _____ Date Of Birth: _____

Address: _____ City: _____ Postal Code: _____

Parent Information

Parent First Name: _____ Parent Last Name: _____

Contact Phone Number: _____ Email Address: _____

Parent First Name: _____ Parent Last Name: _____

Contact Phone Number: _____ Email Address: _____

Alternate Contact

First Name: _____ Last Name: _____ Phone: _____

How did you hear about the studio?

Yellow Pages

Newspaper Advertisement

Facebook

Referral (Provide Name): _____

Other (Please specify): _____

Class Registration

To be completed by parent

To be completed by The Dance Extension Inc.

Course Title	Day	Times	Duration(hr)	Fee (\$)	Payment (\$)	Cheque # or Cash	Payment Date
					1.)		
					2.)		
					3.)		
					4.)		
					5.)		
					6.)		
					7.)		
					8.)		
					9.)		

Sub-total: _____

Registration Fee: _____

Total & Taxes Incl.: _____

Under 18 years consent:

I, _____, am permitting the student(s) indicated above to attend classes at " The Dance Extension Inc. " and will not hold " The Dance Extension Inc. " or any of it's staff responsible for any injury or illness occurring during the student's attendance in any of the courses.

Signature of Parent or Guardian: _____

Date: _____

18 Years and over:

I, _____, will not hold " The Dance Extension Inc. " or any of it's staff responsible for any injury occurring during my attendance in any of the courses.

Signature of Parent or Guardian: _____

Date: _____