

Advanced School of Music and Dance

Registration Form

Student's Name _____
Last name *First name*

Date of Birth (D/M/Y) _____ Age _____

Address _____
Street *Apt #*

_____ *City* *Postal Code*

School Attendance _____

Parent's Name (Guardians) _____

Telephone _____ (Work)

_____ (Home)

_____ (Mobile)

_____ (Other)

* Participation in any class may not commence until payment has been received. All cancellations require 24 hours notice. NSF cheques will be subjected to \$25 handling charge. The school cannot be held liable for any injury sustained in any class or on the school premises. The school is not responsible for stolen or lost items. Pictures taken during class or Special Events are property of Advanced Scholl of Music and Dance. **There is no refund.**

For Office Use Only
Music Dance Art

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S

Signature _____ Date _____