



1502 Main Street
Stittsville, Ontario
K2S 1A7
613.831.1010
www.studioadance.ca

REGISTRATION FORM 2015-2016

Personal Information (one per student)

Student Name

Address

Postal code

Home phone

Age(as of Sept.01)

DOB(DD/MM/YR)

Parent/Guardian Name

Work #

Cell#

*email

Parent 2 or
Emergency Contact

Work#

Cell#

*email

Medical conditions/
allergies

email consent (please
sign)

** in accordance with Canada's anti-spam law. By signing you are giving consent to Studio A to correspond with you via e-mail*

School Policies

I have read and agree to the School and Fee policies set forth by Studio A.

Signature _____ Date _____

I allow Studio A to use any photos or video taken at the studio or studio related activities for use in promotional materials ie. website and advertising

Signature _____ Date _____

