



# Selina's Studio

Of Performing Arts

**DANCE • SING • ACT**

## Registration Form

Term (Sep\_\_\_\_\_ to Dec\_\_\_\_\_ 2017)  
 Closed Thanksgiving Oct 7,8,9  
 Closed Halloween Oct 31

Please tell us how you heard about us.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Internet search   | <input type="checkbox"/> Facebook               | <input type="checkbox"/> Referral           |
| <input type="checkbox"/> Drive by location | <input type="checkbox"/> Flyer – home delivered | <input type="checkbox"/> Flyer - Canada Day |

**Student**

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address  
 Street & No. \_\_\_\_\_ Postal code \_\_\_\_\_

Parent/Guardian  
 First name \_\_\_\_\_ Last name \_\_\_\_\_

Contact Ph # (613)\_\_\_\_\_ Cell Ph # (613)\_\_\_\_\_

Contact email \_\_\_\_\_

1. Class Desc. \_\_\_\_\_ Day and Time \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

2. Class Desc. \_\_\_\_\_ Day and Time \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

Anything we should know about? Allergies, injuries, etc.

\_\_\_\_\_

I give permission for Selina's Studio to take pictures of my child and use them on their website and for marketing purposes. Yes  No

Signature, Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment: Cash or Cheque Please

Bin: 84969 1423 Received by: \_\_\_\_\_ Received \$ \_\_\_\_\_