



Registration Form

*From Jan _____ to Apr _____
Dress Rehearsal Week of Apr 16
Recital Weekend Apr 21, 22 (daytime)*

*Open Family Day Feb 19
Closed March Break Mar 10-16
Closed Easter Mar 30 – Apr 2*

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 _____

Street & No. _____ Postal code _____

Parent/Guardian

First name _____ Last name _____

Contact Ph # (613) _____ Cell Ph # (613) _____

Contact email _____

1. Class Name _____ Day and Time _____ to _____ \$ _____

2. Class Name _____ 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 \$ _____