



Registration Form

From May_____ to Jun_____ ,2019 (no classes long weekend May 18, 19, 20)

Please tell us how you heard about us.

- Internet search
- Facebook
- Referral
- Drive by location
- Flyer – home delivered
- Demonstration event

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 \$ _____