



**Selina's Studio**  
Of Performing Arts  
*DANCE • SING • ACT*

Registration Form

Term (Sep\_\_\_\_\_ to Dec\_\_\_\_\_ 2019)  
Closed Thanksgiving Oct 12,13,14  
Closed Halloween Oct 31

Please tell us how you heard about us.

- Internet search                       Facebook                       Referral  
 Drive by location                       Flyer – home delivered                       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 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 \$ \_\_\_\_\_