ERINVALE SCHOOL OF DANCE LTD.

STUDENT'S NAME:_____ BIRTHDATE:_____ AGE:____
FIRST LAST MONTH DAY YEAR

ADDRESS:_____ TELEPHONE:_____
NUMBER STREET UNIT #

_____ NEW STUDENT ☐ RETURNING STUDENT ☐
MUNICIPALITY POSTAL CODE

PERSON RESPONSIBLE FOR STUDENT:
NAME:_____ RELATIONSHIP:_____
FIRST LAST
TELEPHONE:_____ EMAIL:_____

SECOND PERSON RESPONSIBLE FOR STUDENT:
NAME:_____ RELATIONSHIP:_____
FIRST LAST
TELEPHONE:_____ EMAIL:_____

How did you hear about us?
Brochure☐ Word of Mouth☐ Website☐ Google☐ Other:_____

Student's previous dance experience:

	SCHOOL NAME	MUNICIPALITY	TYPE OF DANCE	# OF YEARS STUDIED
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I give my permission for my child's photograph to be used for promotional material: yes☐ no☐

I understand that the Erinvale School of Dance Ltd. is not responsible for personal injury while on premises or for the loss or damage of personal property:

_____ _____
SIGNATURE DATE