



REGISTRATION FORM

Last Name: _____ **First Name:** _____

Address: _____ **City:** _____

Postal Code: _____ **Phone #:** _____

Email Address (for contact & newsletters): _____

Birthdate (mm/dd/yy): _____ **Age as of Sept. 1st:** _____

Mother's Name: _____ **Cell #:** _____

Father's Name: _____ **Cell #:** _____

Alternate Contact: _____ **Phone #:** _____

Returning K&S Student? YES / NO **Dance Experience:** _____

How did you hear about us? _____

Please indicate any days / times you cannot attend: _____

Class Selection (Please circle below)...

JAZZ	TAP	BALLET	HIP HOP	MUSICAL THEATRE
ACRO	TECH.	LYRICAL	MODERN / CONT.	PRODUCTION

Solo/Duo Requests (please list): _____

Registration Fees (Non-Refundable): \$20 / Student or \$25 / Family

Please note that a direct withdrawal form and void cheque must be submitted at the time of registration. Monthly fees are withdrawn on the 1st of every month, September through June. A \$50 costume deposit per dance must also be submitted by October 31st via cash or cheque.

Parent's Signature: _____ **Date:** _____