

Registration Form:

Please complete and mail, FAX, or email to:

York School of Dance
 c/o 49 Arlstan Drive,
 Toronto, Ontario
 M3H 4W1
 TEL: 416.910.3544 / FAX: 416.946.1058
 annie@yorkschoolofdance.com



(Please Print)

Name of Student:		Date of Birth:	
Address:			
Postal Code:		Home Phone:	
Email:			

Mother's Name:	
Business Phone:	

Father's Name:	
Business Phone:	

Health Information

Health Card #:	
Emergency Contact Person:	
Phone Number:	

Does your child suffer from any allergies, asthma, epilepsy or any other condition that the School should know about? Please explain:

Class Information

Class(es)	Day	Start Time	Fee
Subtotal + \$25 registration fee			
TOTAL			

VISA MasterCard American Express

Name on Card: _____

Credit Card #: _____ Exp (MM/YY): _____

Signature: _____

York School of Dance, its principals, employees, agents or other persons associated with the School assume no responsibility for any loss, injury or cause whatsoever suffered by pupils, their parents or guardians arising out of, or in connection with the activities of the School. Parents are responsible for the safe transport of their child to and from classes.

Date:	
I thoroughly understand and agree to the terms and conditions as stated in the York School of Dance Registration and Tuition information:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Signature:	