



Umbrella Dance Program

Quinte Ballet School of Canada

Registration Form

Student Information:

Legal Surname: _____ Given Name: _____

Age: _____ Date of Birth (D/M/Y): _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Allergies: _____ Medical Concerns: _____

Mother's Name: _____ Work Phone: _____

Father's Name: _____ Work Phone: _____

Name of Payer for Fitness Tax Credit: _____

Address (if different from above): _____

FIRST TERM DAY/TIME

CLASSES

COST

SECOND TERM

CLASSES	DAY/TIME	COST

Method of Payment: _____
Total Fee: _____ Balance Owning: _____

PERFORMANCE FEES

Performance fee: _____ x Number of classes: _____
Method of Payment: _____
Total Fee: _____ Balance Owning: _____
