



*Martino Centre of Dance
and Related Arts Ltd.*

Registration Form
Tiny Toes Students

STUDENT'S NAME _____ BIRTH DATE _____

ADDRESS _____

CITY / PROVINCE _____ POSTAL CODE _____

HOME PHONE _____ CELL PHONE NUMBER _____

PARENT'S NAMES _____ BUS NUMBER _____

ALLERGIES _____ HEALTH CARD NUMBER _____

	Session One	Session Two	Session Three	Session Four	Recital / Costume Deposit
Amount Pd					
Date Paid					

I have read and understand the studio rules and policies.

Signature (Parent or Guardian)

How did you hear about us?

Former student? ___ Newspaper Ad? ___ Web? ___

Flyer Ad? _____ Word of Mouth? _____ Other? _____