



*Martino Centre of Dance
and Related Arts Ltd.*

Registration Form
Tiny Toes & Kinder Dance Students

STUDENT'S NAME _____ DOB (M / D / Y) _____

ADDRESS _____

CITY / PROVINCE _____ POSTAL CODE _____

HOME PHONE _____ CELL NUMBER _____

PARENT'S NAMES _____ WORK NUMBER _____

ALLERGIES _____ HEALTH CARD NUMBER _____

EMAIL ADDRESS _____

<u>Tiny Toes & Kinder Dance Student Classes</u>					
	Session One	Session Two	Session Three	Session Four	Recital / Costume Deposit
Tiny Toes / Kinder Dance					
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? ___