



*Martino Centre of Dance
and Related Arts Ltd.*

Registration Form
Company Students

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

ADDRESS _____

CITY / PROVINCE _____ POSTAL CODE _____

HOME PHONE _____ CELL NUMBER _____

PARENT'S NAMES _____ BUS NUMBER _____

EMAIL ADDRESS _____

Company Student Classes

	<u>Required Classes</u>				<u>Optional Classes</u>			
Primary Dance	Ballet	Tap	Jazz	Acro	Hip Hop			
Pre Junior Company	Ballet (x2)	Tap	Jazz	Acro	Hip Hop	Tap Exam		
Junior Company	Ballet (x2)	Tap	Jazz (x2)	Acro	Hip Hop	Tap Exam		
Intermediate Company	Ballet (x3)	Tap	Jazz (x3)	Acro	Hip Hop	Tap Exam	Pointe	
Senior Company	Ballet (x3)	Tap	Jazz (x2)	Contemp	Hip Hop	Tap Exam	Pointe	Acro

REQUIRED CLASS FEES _____

ADDITIONAL CLASS FEES _____

TOTAL CLASS FEES _____

GST _____

GRAND MONTHLY TOTAL _____

I have read and understand the studio rules and policies.

Signature (Parent or Guardian)

ADMINISTRATION FEE _____

SEPTEMBER TOTAL FEES _____