

## Artistic Edge Dance Academy Ltd. Registration Form

<b>Students Name</b>		<b>Date of Birth</b>	/   /
<b>Mom's Name</b>			<b>Month / Day / Year</b>
<b>Dad's Name</b>			

<b>Home Address</b>	
<b>City/Postal Code</b>	
<b>Phone Number #1</b>	(Name)
<b>Phone Number #2</b>	(Name)

<b>Allergies/Medical Conditions</b>	
<b>Medical Number : Care Card #</b>	
<b>Emergency Contact (Not Parents)</b>	

<b>Email Address</b>	
<b>2<sup>nd</sup> Email Address</b>	

Dance Classes	Day	Time

Artistic Edge Dance Academy Ltd. reserves the right to change the schedule or cancel classes based on enrollment.

**Where did you hear about us?** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this form you have confirmed that the above information is correct and up to date.