Centrepointe Ballet School

REGISTRATION FORM

Students Name _____

Age_____ **Date of Birth**_____
day **month** **year**

Address_____

_____

Postal Code_____

Home Telephone(250)_____ **Cell phone** _____

Business phone_____

Parent E-mail address_____

Student E-mail address_____

Name of Parent or Guardian_____

Does your child have any medical conditions we should be aware of?

_____

For which group are you registering? _____