

Aura Dance Season 2 - Registration Form

Student Information

First Name:

Last Name:

Preferred Name:

Pronouns:

Age:

Date of Birth:

MB Health #:

PHIN:

Allergies:

Important Health/Medical Information:

Primary Contact Information

First Name:

Last Name:

Mailing Address:

Relationship to Child:

Primary Phone #:

Primary Email Address:

Class Name	Day & Time	Length & Price

Paid in full 1st Payment 2nd Payment 3rd Payment 4th Payment
 Photo/Video Permission

Class Fees:

Payment Plan:

Multi-Class Discount:

Tax-GST:

Subtotal:

Costume Fee: \$25.00

Total:

Emergency Contact Information

First Name:

Last Name:

Relationship to Child:

Primary Phone #:

Additional Information

Authorized Adult:

Relationship to Child:

Primary Phone #:

Authorized Adult:

Relationship to Child:

Primary Phone #:

Notes: