

Aura Dance Summer 2024 - Registration Form

Student Information

First Name:

Last Name:

Preferred Name:

Pronouns:

Age:

Date of Birth:

MB Health #:

PHIN:

Important Health/Medical Information:

Primary Contact Information

First Name:

Last Name:

Mailing Address:

Relationship to Child:

Primary Cell Phone #:

Primary Email Address:

Class Name	Day & Time	Length & Price

Total Class Fees:

Tax - GST:

Total:

Photo/Video Permission