



Registration Form

Parent/Guardian Information:

I am the student's mother I am the student's father I am the student's legal guardian

First & Last Name: _____

Home Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Country: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Email Address: _____

Emergency Contact Information:

First & Last Name: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Student Information:

Student's First & Last Name: _____

Gender: _____ Date of Birth (dd/mm/yy): _____

School: _____ Grade (as of current year): _____

Previous Dance Training (# of years): _____ Where? _____

Allergies/Medical Conditions: _____

How did you hear about Ecole de danse Powell School of Dance Inc.?

For Office Use Only!

École de danse POWELL School of Dance Inc.
435 Second Street West, Suite #1
Cornwall, ON K6J 1H2

Susan Powell
Artistic Director
Directrice artistique

Office: (343) 885-1323
Toll Free: 1-866-277-9588
info@powellschoolofdance.com
www.powellschoolofdance.com



Class #1: _____

Class #2: _____

Class #3: _____

Class #4: _____

Class #5: _____