



**2019-2020 REGISTRATION FORM
STUDENT DABKÉ**

Student's Family Name: _____ Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone (home): _____

Phone (mother's cel): _____ Phone (father's cel): _____

Student's Email : _____ Parent's Email: _____

Date of Birth: _____ Day _____ Month _____ Year _____ Age: _____ ()

Previous dance training: specify other dance forms and years of training:

Please indicate a health condition we should be aware of (ex: asthma, allergies, nose bleeds etc.): _____

Father's Name: _____ Mother's Name: _____

Work Phone: _____ Work Phone: _____

Parent's Signature: _____

**DO NOT COMPLETE THIS SECTION
FOR ADMINISTRATION ONLY**

\$350 x _____ = \$ _____

\$400 x _____ = \$ _____

\$500 x _____ = \$ _____

Total: \$ _____

May 2019 Deposit: \$ _____

Number of Child(ren): _____

Receipt Number(s): _____

Instalment I: \$ _____ Date _____ Cash _____ Cheque _____ Receipt _____

Instalment II: \$ _____ Date _____ Cash _____ Cheque _____ Receipt _____

Instalment III: \$ _____ Date _____ Cash _____ Cheque _____ Receipt _____