



REGISTRATION FORM

NAME OF STUDENT _____

DATE OF BIRTH _____ AGE _____

ADDRESS _____ STREET _____

CITY _____ POSTAL CODE _____

PARENT OR GUARDIAN _____

HOME TEL: _____ BUS TEL: _____ CELL: _____

EMAIL _____

EMERGENCY CONTACTS & TEL. NOS. _____

ONTARIO HEALTH CARD NO. _____

MEDICAL PROBLEMS/ALLERGIES/PAST INJURIES _____

PREVIOUS TRAINING - NO OF YEARS _____ PREVIOUS SCHOOL _____

HOW DID YOU HEAR ABOUT OUR SCHOOL? _____

OFFICE USE ONLY	CLASS LEVEL _____	FALL SESSION _____
	DAY(S) _____	_____
	REGISTRATION FEE _____	WINTER SESSION _____
	TUITION FEE _____	_____
	_____	SPRING SESSION _____
	COSTUME DEPOSIT _____	_____