

Lecky School of Dancing

Registration Form

Surname: _____ Student's Name: 1) _____
2) _____
3) _____

Address: _____ Home Phone: _____

City: _____

Postal Code: _____

Email: _____

Other Phone

Work: _____

Mother: _____

Cell: _____

Work: _____

Father: _____

Cell: _____

Work: _____

Guardian: _____

Cell: _____

New Students to The Lecky School of Dance Returning Students

Please indicate who is responsible for the account:

Mother Father Guardian Self Other: _____

Address of person responsible for account is:

Same as above Other: Address: _____

City: _____

Postal Code: _____

I hereby agree to abide by the terms specified in the brochure which I have read and understand fully, and to release the Lecky School of Dancing from any and all claims for injury, damage or loss to the above registered student(s) and property which may be sustained while participating in any activity with the Lecky School of Dancing.

Signature of Parent or Guardian: _____

Please complete and return this form as soon as possible. First priority will be given to early registrants. Enclose the registration fee of \$31.50 for one child or \$42.00 per family (more than one child). Registration fees are non refundable. **DO NOT INCLUDE POST DATED CHEQUES AT THIS TIME.**

Send form and registration fee to: **Lecky School of Dancing**
9764 - 182 Street
Edmonton, AB T5T 3T9

Please Fill Out Reverse Side

1) Name: _____ F Age: _____ Date of Birth: ___/___/___
 M as of Sept. 1/10 mm dd yy

- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Pre-Pre School | <input type="checkbox"/> Cecchetti | <input type="checkbox"/> Tap | <input type="checkbox"/> Hip Hop |
| <input type="checkbox"/> Pre-School | <input type="checkbox"/> Pre Pointe | <input type="checkbox"/> Lyrical | <input type="checkbox"/> Stretch |
| <input type="checkbox"/> Primary Ballet | <input type="checkbox"/> Pointe | <input type="checkbox"/> Primary Jazz | <input type="checkbox"/> Adult Tap |
| <input type="checkbox"/> Ballet | <input type="checkbox"/> Primary Tap | <input type="checkbox"/> Jazz | <input type="checkbox"/> Adult Hip Hop |

If class is offered on a weekday and a Saturday, I would prefer class on: Weekday Saturday Either
Is your child involved in other activities (sports, music or dance lessons)? Please list day and time.

Is your child available to start class at 3:00 pm on Thursday? Yes No List other early dismissal days:

New students to School list your previous training:

Please advise us in confidence of any learning problems or physical handicaps:

2) Name: _____ F Age: _____ Date of Birth: ___/___/___
 M as of Sept. 1/10 mm dd yy

- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Pre-Pre School | <input type="checkbox"/> Cecchetti | <input type="checkbox"/> Tap | <input type="checkbox"/> Hip Hop |
| <input type="checkbox"/> Pre-School | <input type="checkbox"/> Pre Pointe | <input type="checkbox"/> Lyrical | <input type="checkbox"/> Stretch |
| <input type="checkbox"/> Primary Ballet | <input type="checkbox"/> Pointe | <input type="checkbox"/> Primary Jazz | <input type="checkbox"/> Adult Tap |
| <input type="checkbox"/> Ballet | <input type="checkbox"/> Primary Tap | <input type="checkbox"/> Jazz | <input type="checkbox"/> Adult Hip Hop |

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3) Name: _____ F Age: _____ Date of Birth: ___/___/___
 M as of Sept. 1/10 mm dd yy

- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Pre-Pre School | <input type="checkbox"/> Cecchetti | <input type="checkbox"/> Tap | <input type="checkbox"/> Hip Hop |
| <input type="checkbox"/> Pre-School | <input type="checkbox"/> Pre Pointe | <input type="checkbox"/> Lyrical | <input type="checkbox"/> Stretch |
| <input type="checkbox"/> Primary Ballet | <input type="checkbox"/> Pointe | <input type="checkbox"/> Primary Jazz | <input type="checkbox"/> Adult Tap |
| <input type="checkbox"/> Ballet | <input type="checkbox"/> Primary Tap | <input type="checkbox"/> Jazz | <input type="checkbox"/> Adult Hip Hop |

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