



Arabesque Dance Studio
www.dancearabesque.ca info@dancearabesque.ca

NAME: _____

AGE: _____ DATE OF BIRTH: _____

ADDRESS: _____

POSTAL CODE: _____ EMAIL: _____

TELEPHONE: Home: _____ Cell: _____ Other: _____

PARENT/GUARDIAN NAME(S): _____

OTHER PARENT/CAREGIVER NAME & CONTACT INFORMATION:

MEDICAL CONDITIONS, ALLERGIES, etc.: _____

DANCE EXPERIENCE: _____

How did you hear about Arabesque? _____

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FOR OFFICE USE ONLY:

CLASS TIMES: _____

NO. OF HOURS PER WEEK: _____ REGISTRATION FEE: \$40 PAID ☐

PRICE PER MONTH: _____ DETAILS : (with siblings, etc.) _____

PAYMENT DETAILS: _____

RECEIPTS SENT: _____