

Student Registration form

Picture (optional)



Student’s first name:Click here to enter text.

Student’s family name: Click here to enter text.

Date of birth: Click here to enter text.Address: Click here to enter text.

Parent’s name Click here to enter text.

Parent’s phone number Click here to enter text.

Email:Click here to enter text.

I intend to register to the following courses:

Further information:

Years of ballet training modern other Click here to enter text.

I Click here to enter text. hereby declare that I have read the studio’s registration and cancellations policy and agree to them. I also declare that my child is in proper medical condition to engage in intensive physical activity.

Signed:

Date Click here to enter text.