

Registration Form

STUDENT NAME:		DATE OF BIRTH:	
NAME OF PARENT/GUAR	DIAN:		
ADDRESS:		POSTAL CODE:	
HOME PHONE NUMBER:		WORK/CELL NUMBER:	
THOME THOME NOMBER.		WORKGEE NOMBER.	
			07
E-MAIL ADDRESS:		EMERGENCY CONTACT:	
ALLERGIES/MEDICAL CONDITIONS:			
COURSE	DAY	TIME	1
LAGREE TO PAY THE ARC	OVE STUDENT'S FEES ON	OR REFORE THE FIR	ST DAY OF FACH TERM
I AGREE TO PAY THE ABO UNLESS PRIOR NOTICE T			ST DAY OF EACH TERM
UNLESS PRIOR NOTICE T	O CANCEL THE CLASS H DI KNAPP, GRACE ACADI	AS BEEN GIVEN. EMY OF DANCE AND P	ERFORMING ARTS,
UNLESS PRIOR NOTICE T	O CANCEL THE CLASS H. DI KNAPP, GRACE ACADI ACADEMY CANNOT BE HE	AS BEEN GIVEN. EMY OF DANCE AND P ELD RESPONSIBLE FO	ERFORMING ARTS, R ANY INJURY AS A
UNLESS PRIOR NOTICE T I UNDERSTAND THAT HEI AND TEACHERS OF THE A A RESULT OF ACCIDENT	O CANCEL THE CLASS H. DI KNAPP, GRACE ACADI ACADEMY CANNOT BE HE THAT MAY OCCUR IN CLA	AS BEEN GIVEN. EMY OF DANCE AND P ELD RESPONSIBLE FO ASS OR PERFORMANC	ERFORMING ARTS, R ANY INJURY AS A
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