

AURORA SCHOOL OF DANCE

REGISTRATION FORM

Date of Registration: _____

PLEASE FILL IN BLOCK CAPITALS

New student Returning student

Student's Name: _____ (M / F)

Address: _____ Date of Birth: _____

City: _____ Postal Code: _____ Age: (As of Jan 1st): _____

Email address: _____ Home phone: _____

Mother: _____ Father: _____

Mobile: _____ Mobile: _____

Work: _____ Work: _____

Emergency Contact (in case parents are unavailable): Name: _____

Relationship to child: _____ *Home phone:* _____ *Mobile:* _____

Physical & or Medical conditions: _____

FOR OFFICE USE ONLY

Course(s) Enrolled In : Ballet / Modern Ballet / Others: _____ Level: _____

Enrolment Fee : RM **35.00** (Non Refundable)

Deposit (1 Month): RM _____ (Non Refundable)

Monthly Fee: RM _____ For (month) _____ YEAR 2014

Total Amount: RM _____ Date Paid: _____

Cash / Cheque No.: _____ **O/R #** _____

(PLEASE ISSUE CHEQUE PAYABLE TO: **AURORA**)

I understand that all reasonable care is taken to ensure my child's safety and shall not hold the school or it's representatives liable for accidents arising from his / her activity within or outside the school premises. I have also read and fully understand the rules and regulations of the school.

Signature of Parent

I/C No: _____

Name of Parent: _____

Date: _____

Witnessed by: _____

Date: _____