

Unit 200-2405 Main Street
Winnipeg, MB R2V 4Z5
204-334-0080

Registration Date:

Account No.

Billing Name

Address

City State Zip/Postal

Hm Phone

E-Mail

Parent 1 Hm. Phone

Cell Wk. Phone

Parent 2 Hm. Phone

Cell Wk. Phone

Emergency Contacts (other than parents)

Emergency Contact Name and Relation to Student

Phone

Phone

Phone

Student Name

Address

City Prov. Zip/Postal

E-Mail

Birthdate Sex

Medical Info:

Dr. Name Phone

Classes	Name	Level	Room	Day	Time	Tuition

Total Tuition:

Registration Note

PLEASE SEE REVERSE SIDE FOR WAIVER FORM AND REFUND POLICY

Parent Signature: _____