Student Information			
Student's Name: Da		ate of Birth :	
Parent/Guardian Name			
Email Address:			
Primary Phone:Phone (2):		Emergency Contact Name and	
Name of Person responsible for			
Legal Release and Policy Acce	eptance (please initial) and agree with the Waiver of Liab	ility (see	bassburn.ca)
Signature / Responsible Party	Date		
Classes			
Class Name	Meeting Date(s) / Time		Time
TINY BALLERINAS	WEDNESDAY JUNE 3, 10, 17, 2	24	3:45pm-4:30pm
Registration Fee: \$25.00 Email transfer to Karenberry@kr Refundable with 48 hours or more			
[] – Recorded [] Paid in full []	On hold Processed by:om	_ Speci	al Notes: