



SHEILA PARKINS ACADEMY OF DANCE & MUSIC

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MUSIC REGISTRATION FORM / FORMULAIRE D'INSCRIPTION MUSIQUE

Registration date / Date d'inscription: _____

Registration Fee / Frais d'inscription: _____

Name of Student Nom de l'Etudiant	Age Age	Birthdate / Date de Naissance (ex:May 24th, 1994 / 24 mai 1994)
1		
2		

How did you hear about us? Friend ___ Postcard ___ Montreal Families ___ Facebook ___ Website ___ Other ___

Address / Adresse

Street / Rue: _____

City / Ville: _____

Province: _____

Postal Code / Code Postale: _____

***New Student/Nouveau etudiant(e)*: How did you hear about us? Comment avez-vous entendu parler de nous?**

Contact Information / Information de contact

Mother / mere: _____

Father / pere: _____

Home / Res: _____

Home / Res: _____

Mother / mere Cell: _____

Father / pere Cell: _____

Work / Travail: _____

Work / Travail: _____

Email / Courriel: _____

Emergency # / # d'urgence: ()

Special Needs/Besoins Speciaux: _____

List your class choices here/Listez vos choix de cours ici:

Office usage only / A l'usage du bureau seulement

(DO NOT USE/NE PAS UTILISER)

Reg Fee:

Mode of payment:

CASH

CHQ #

VISA

MC

Classes:

Class Fees: