

# REGISTRATION FORM

**Maritime Conservatory of Performing Arts**  
 6199 Chebucto Road, Halifax, Nova Scotia, B3L 1K7  
 phone: 902-423-6995, fax: 902-423-6029  
 email: [admin@maritimeconservatory.com](mailto:admin@maritimeconservatory.com)



Music    Dance    Kindermusik

**COMPLETE A SEPARATE FORM FOR EACH STUDENT**

| STUDENT INFORMATION |           | Please print clearly and complete all sections |   |
|---------------------|-----------|--|---|
| Surname             |           | Given Name(s)                                  |   |
| Address             |           | City   |   |
| Postal Code         | Telephone | Student Email                                  |   |
|                     |           | Birth Date                                     | <input type="checkbox"/> Male<br><input type="checkbox"/> Female <input type="checkbox"/> New Student<br><input type="checkbox"/> Returning |

| PARENT INFORMATION    |                      |                  |
|-----------------------|----------------------|------------------|
| Name of Parent(s)     |                      | Parent Email     |
| Telephone (Residence) | Telephone (Business) | Telephone (cell) |

| KINDERMUSIK       |     |      |         | Indicate all lessons for which you wish to register |  |  |
|-------------------|-----|------|---------|---|--|--|
| KINDERMUSIK CLASS | Day | Time | TEACHER |   |  |  |
|                   |     |      |         |   |  |  |
|                   |     |      |         |   |  |  |
|                   |     |      |         |   |  |  |

| MUSIC                 |       |     |     |     |         |  | Indicate all lessons / classes for which you wish to register |  |  |  |
|-----------------------|-------|-----|-----|-----|---------|--|---|--|--|--|
| INSTRUMENT OR SUBJECT | Grade | 60' | 45' | 30' | TEACHER |  |   |  |  |  |
|                       |       |     |     |     |         |  |   |  |  |  |
|                       |       |     |     |     |         |  |   |  |  |  |
|                       |       |     |     |     |         |  |   |  |  |  |

| DANCE       |       |     |      |         | Indicate all dance lessons /classes for which you wish to register |  |  |  |
|-------------|-------|-----|------|---------|--|--|--|--|
| DANCE CLASS | Level | Day | Time | TEACHER |  |  |  |  |
|             |       |     |      |         |  |  |  |  |
|             |       |     |      |         |  |  |  |  |
|             |       |     |      |         |  |  |  |  |
|             |       |     |      |         |  |  |  |  |
|             |       |     |      |         |  |  |  |  |
|             |       |     |      |         |  |  |  |  |
|             |       |     |      |         |  |  |  |  |

RELEASE FORMS SUBMITTED

