



ENROLLMENT FORM 2011/12

STUDENT INFORMATION (PLEASE PRINT)

First Name: _____ Last Name: _____

Mother's Name: _____ Father's name: _____

Mailing Address: _____
Street City Prov/State Postal Code

Phone(home): _____ Phone(work): _____ Phone(cell): _____

E-mail Address: _____

Age: _____ Date of Birth: _____

Medical conditions we need to be aware of: _____

I have read, understood and agreed to the policies and procedures on the reverse of this form.

Name: _____ Signature: _____
Print name of parent/guardian if under 18 yrs Parent/Guardian/Student over 18 yrs

DISCIPLINE(S) Please Check All That Apply

- Bagpiping Drumming
 Highland Dancing Step Dancing

WEEKLY LESSONS

Location: Summerside Charlottetown Cornwall

Class Type: Group Private Award

Lesson Details	Lesson Details	Lesson Details
Discipline _____	Discipline _____	Discipline _____
Courses _____	Courses _____	Courses _____
_____	_____	_____
_____	_____	_____
Fee _____	Fee _____	Fee _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The College of Piping and Celtic Performing Arts of Canada
 619 Water St. East, Summerside, PEI, Canada C1N 4H8
 Phone: (902) 436-5377 Fax: (902) 436-4930 Toll Free: 1-877-BAG-PIPE
 Website: www.collegeofpiping.com Email: info@collegeofpiping.com

REGISTRATION MUST BE BY FAX, MAIL,PHONE OR IN-PERSON