



Hellenic Dance Program (Levendogenia) 2024/2025

REGISTRATION FORM

STUDENT #1			
Student Surname:	First Name:	Male Female	Grade:
Home Address: (same as)	Mother Father Both Parents Guardian	Date of Birth:	
Allergies:			
Health:	Asthma	Deafness/ Hard of Hearing	Heart Disease
	Behavioural Problems	Diabetes	Shunt
	Vision Impairment	Epilepsy/Seizure	Other
	Other: Please explain:		
STUDENT #2			
Student Surname:	First Name:	Male Female	Grade:
Home Address: (same as)	Mother Father Both Parents Guardian	Date of Birth:	
Allergies:			
Health:	Asthma	Deafness/ Hard of Hearing	Heart Disease
	Behavioural Problems	Diabetes	Shunt
	Vision Impairment	Epilepsy/Seizure	Other
	Other: Please explain:		
PARENTS/LEGAL GUARDIANS and EMERGENCY CONTACT INFORMATION			
Parent/Legal Guardian1:	SURNAME	FIRST NAME	
Primary point of Contact Information:	Home Phone#:	Work Phone#:	
	Cell Phone #:	Email:	
	Home Address:		
Parent/Legal Guardian2:	SURNAME	FIRST NAME	
Secondary Point of Contact Information:	Home Phone#:	Work Phone#:	
	Cell Phone #:	Email:	

	Home Address:	
EMERGENCY CONTACT: (other than parent)	FULL NAME	RELATIONSHIP
	Home Address:	
	Primary Contact Phone #	Alternate Phone #

Church Office Phone 519-579-4703 Fax 519-579-8392 Banquet Hall 519-742-8640