

Dance Central

ENROLMENT/REGISTRATION FORM 2009



STUDENT FULL NAME _____

D.O.B. _____ NAME OF FEE PAYER _____

ADDRESS _____

EMAIL ADDRESS _____

CONTACT PHONE NUMBERS

Home _____ Work _____ Mobile _____

PREVIOUS DANCE EXPERIENCE (Include name of former studio/teacher any examinations taken and results for those examinations)

CLASS/ES ENROLLING FOR

Please indicate in boxes number of classes taken per week in this class (ie) 2 Jazz Level 6

Jazz Level _____ Tap Level _____ Ballet Grade _____

Major Ballet Level/s _____ Contemporary (Inter/Senior) _____

Hip/Hop _____ Pre School Dance (please state which class) _____

Music Theatre (Junior/Inter/Senior) _____ Drama (Junior/Inter/Senior) _____
 Adult classes _____
(specify tap, hip hop or ballet)

PLEASE LIST ANY INJURIES/MEDICAL CONDITIONS KNOWN AT PRESENT

I have read and agreed to the enrolment conditions and have enclosed a **non refundable enrolment fee** of \$20 to secure my child's place. Please note that this fee is separate to any term fees.

- I have read and agreed to all the enrolment conditions
- I agree to allow photographs and/or video footage to be taken of my child. I understand that my permission will be sought before any of these are published. It is necessary to film students on occasions for technique diagnostic purposes
- I understand that fees are not refundable
- Could all non adult students please indicate here if they are **NOT** intending on participating in our annual performance on Sat 28 Nov

Signature

Where did you hear about Dance Central from? Please tick applicable answer Yellow Pages

Chronicle Personal recommendation Other _____

FOR OFFICE USE ONLY

ENROLMENT DATE _____ NON REFUNDABLE ENROLMENT FEE PAID _____ FEE CODE _____ DATA ENTERED INVOICE CREATED