

2018 ENROLMENT



Family Name: _____

Student 1 (name) _____ **D.O.B.** _____

2018 Classes of Interest
(Please list all classes as per Timetable)

Student 2 (name) _____ **D.O.B.** _____

2018 Classes of Interest
(Please list all classes as per Timetable)

Student 3 (name) _____ **D.O.B.** _____

2018 Classes of Interest
(Please list all classes as per Timetable)

Home Phone Number: _____ **Mobile:** _____

Emergency Phone Contact: _____

Email address: _____

Home Address: _____

Postal address (if not the same): _____

Comments (including medical conditions we should know about):

ENROLMENT AGREEMENT (Please tick)

<input type="checkbox"/>	I understand that students participate in lessons and perform at events at their own risk . Unless under specific instruction, students are solely responsible for their own actions before, during and after lessons.
<input type="checkbox"/>	I understand that, if in the case of a sudden illness/accident, and the parents cannot be contacted, the teacher in charge shall have discretionary power to seek immediate medical attention.
<input type="checkbox"/>	I give permission for my child to be photographed or filmed from time to time, at lessons and performances.
<input type="checkbox"/>	I agree that my family will follow all dance school policies, procedures and practises whilst enrolled at Intrinsic School of Dance [please be familiar with our Risk Management Strategy]
<input type="checkbox"/>	I understand and accept that fees must be kept in balance at all times to avoid the possibility of suspending lessons.

2018 ENROLMENT FEE

[Preferred payment by direct debit to: BSB – 484 799; Account – 034 519 558; Name – Intrinsic School of Dance]

\$20.00 per student or \$30.00 per family	\$ _____
Date of direct debit:	_____

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

OFFICE USE ONLY	
Date Received:	Date entered:
Enrolment Fee Paid:	