

AVANT BALLET STUDIO
ENROLMENT FORM

PARENTS NAME _____

(or person responsible for paying account)

CHILD'S NAME _____ BIRTHDATE _____

ADDRESS _____

_____ POST CODE _____

PHONE NUMBER _____ (HOME) _____ (WK)

MOB _____ (EMAIL.) _____

Please indicate how you found out about these classes.

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> A friend | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Kindy /Schoolnoticeboard-letter _____ |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Internet search | <input type="checkbox"/> Web page _____ |
| | <input type="checkbox"/> Others | Please state _____ |

I understand-

Discount fees for tuition are due at the first lesson of the term and payable by due date unless prior arrangement has been made. Fees are non-refundable for classes missed, or if my child does not complete the whole term.

Photos of my child may be used in advertising and promotional materials UNLESS you specify otherwise.

I give consent for:-

In the event of a medical emergency, and where a parent cannot be contacted, I authorise the dance school to call an ambulance or seek medical advice for my child at a hospital at the parents' expense.

Please inform us on the back of this form if there is any health information regarding your child that the teaching staff should be aware of and please fill out Medical Action Form and return to teacher. (copies available on website and from teacher)

I _____ have read and agree to abide by the Terms and Conditions of enrolment stated in the Information Booklet.

Signed _____ Date _____