



# ENROLMENT FORM

2024

Office Use Only:	
Registration Paid:	<input type="checkbox"/>
Method: ETF/Cash	
Date Paid:	___/___/___

Student Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

- Emailed Newsletters & Correspondence  YES  NO *(to the above email address)*
- Medical Conditions  YES  NO
- Learning Difficulties  YES  NO
- Other  YES  NO

If YES to any of the above, please provide treatment/details and any medication required \_\_\_\_\_

## PAYMENT METHOD

I understand that fees must be paid for each week that my child is enrolled at the studio. All missed classes must be paid for. I agree to pay

per Week       per Month       per Term

Fees must be paid and maintained at all times. If this is not adhered to, I understand that my child's place in the studio will be forfeited.

SIGNED \_\_\_\_\_

## MID-YEAR & ANNUAL SHOWCASES/PRODUCTIONS

The studio holds a mid-year showcase each year and end of year production.

Agree to Participate in Mid-Year Showcase (June/July)       Agree to participate in Annual Production (December)

SIGNED \_\_\_\_\_

## PERMISSION FOR PUBLICITY

I hereby consent to my child's photograph, suburb or video (without name listings) to be used for publicity for the studio should this be required (ie. Web page, Newspapers etc.)

SIGNED \_\_\_\_\_

**TUITION** (please circle)

<b>Ballet</b> <i>(includes all National Character syllabi)</i>				
Test 1 / 2 / 3	Bronze M / S	Silver M / S	Gold M / S	Gold Bar
Intermediate	Advanced	A.B. Performance Award	Open Age Ballet	

<b>Jazz</b>				
Jazz Magic	Test 1 / 2 / 3	Bronze M / S	Silver M / S	Gold M / S
Elementary	Intermediate	Advanced	A.B. Performance Award	Open Age Jazz

<b>Tap</b>				
Test 1 / 2 / 3	Bronze M / S	Silver M / S	Gold M / S	Gold Bar
Elementary	Intermediate	Advanced	A.B. Performance Award	Open Age Tap

<b>AcroDance</b>				
Level 1/2	Level 3/4	Level 5/6	(this is at the discretion of the Gymnastics Coach)	

<b>Other</b>				
Contemporary	Junior / Senior / Advanced	DMDS DanceClub (examinations)		

**AUTHORISATION FOR OBSERVATIONS BY STUDENTS**

I give permission for my child to be observed and photographed by students (i.e. Student Teachers, Assistant Teachers, Examiners) for the purpose of collecting information to assist in the development of the individual programs as part of their study requirements.

SIGNED \_\_\_\_\_

**CODE OF CONDUCT**

Should your child not abide by the studio's etiquette and code of conduct while at the studio and whilst in studio uniform, your child's place at the studio will be forfeited immediately. The studio does not tolerate bullying, intimidation, gossip, abuse or any other form of bad behavior.

SIGNED \_\_\_\_\_

**STUDIO HANDBOOK**

I have read and understood the studio's Hand Book and agree to adhere to the policies and conditions of the studio at all times.

SIGNED \_\_\_\_\_

**AGREEMENT**

I, the parent / Guardian, hereby agree to abide by the policies, terms and conditions of enrolment as per the studio's rules and regulations.

NAME: \_\_\_\_\_

SIGNED \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_