**Enrolment Form**

**ENROLMENT IS CONFIRMED UPON THE RETURN OF A**

**SIGNED ENROLMENT FORM AND FULL FEE PAYMENT**

**SURNAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GIVEN NAMES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **AGE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **POST CODE:** \_\_\_\_\_\_\_\_\_\_\_\_

**PARENTS/GUARDIAN: NAMES:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT EMAIL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LANDLINE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MOBILE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLASS ATTENDING:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DANCENTRE STUDIO ATTENDING: BRIGHTON / HAMPTON**

**EMERGENCY CONTACT:** **NAME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MOBILE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list any known illnesses and details of administration of medication where these may be relevant to the student undertaking dance classes.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CONDITIONS OF ENROLMENT**

**PLEASE READ CAREFULLY**

* **Enrolment forms of students under 18 years of age must be signed by a parent/guardian.**
* **All current and new students are required to re-enroll/enroll each year by completing a new enrolment form.**
* **Full payment of fees must be received in order to secure a place in a class for the new year.**
* **Continued enrolment is dependent upon ongoing full fee payments.**
* **Full payment of fees must be received by the 2nd Friday of each term.**
* **Fees not received by this time will incur a $20 late fee.**
* **NO refunds will be given under any circumstances.**
* **Missed classes may be made up by the student attending additional classes in the scheduled timetable only during the term missed.**
* **All students must follow Dancentre school uniform regulations, & be suitably groomed and ready prior to class commencement time.**
* **Parents and friends are not permitted to view classes or rehearsals except during open weeks unless permission has been given by the principals.**
* **Open weeks are held during the last weeks of term 1 & 2 only.**

**DANCENTRE MARKETING AUTHORITY**

**I, the undersigned give permission for my child/children’s photograph to be taken during classes/productions for the purpose of the use of images in any Dancentre advertising, which may include website, brochures, display or other marketing materials at Dancentre’s discretion.**

**YES / NO**

**EMERGENCY/INJURY DISCLAIMER**

**In the event of an emergency I do hereby give permission to the representative of *Dancentre* to use his or her discretion in determining the most appropriate course of action with regard to the best interests of the above named student/s.**

***Dancentre* will not be liable for any loss or injury incurred by the student/s while the student/s are attending *Dancentre* classes, or travelling to or from *Dancentre* classes.**

**I have read, understand and agree to the conditions set out on this enrolment form.**

**SIGNED** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PARENT/GUARDIAN)

**DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return enrolment form to PO Box 7016 Brighton 3186**

**DANCENTRE**

**(03)9596 9911**

[**dance@dancentre.com.au**](mailto:dance@dancentre.com.au)

**www.dancentre.com.au**