



DANCE FACTORY



JUNIOR & TEENAGE ENROLMENT FORM 2021

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

STUDENT DETAILS:

First Name:		Surname:	
Address:			
Suburb:		State:	Postcode:
Home Phone:		Mobile:	
Email:			
Date of Birth:	Age as of 1/1/21:	Gender (please tick): M <input type="checkbox"/> F <input type="checkbox"/>	
How did you hear about Dance Factory?:			

PERSON RESPONSIBLE FOR FEES:

First Name:		Surname:	
Address:			
Suburb:		State:	Postcode:
Home Phone:		Mobile:	
Email:			
Relationship to Student:			

EMERGENCY CONTACTS:

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

DANCE TRAINING: have you had any previous training? Y N (if yes please specify)

Jazz	Years of Training:	Classes per week:	School or Teacher:
Ballet	Years of Training:	Classes per week:	School or Teacher:
Hip Hop	Years of Training:	Classes per week:	School or Teacher:
Tap	Years of Training:	Classes per week:	School or Teacher:
Contemp	Years of Training:	Classes per week:	School or Teacher:
Other	Years of Training:	Classes per week:	School or Teacher:

PLEASE LIST CLASSES YOU WOULD LIKE TO ENROL FOR:

Class	Day	Time	Age group

PLEASE LET US KNOW IF THERE ARE ANY CLASSES YOU WOULD LIKE TO ENROL FOR THAT ARE NOT IN OUR TIMETABLE

Class/Standard	Day	Time	Teacher

Are there any Medical Conditions we should be aware of? **Y** **N** (If yes please specify)

Does your child have any learning difficulties that may need special attention? **Y** **N** (If yes please specify)

I am aware that, by enrolling in these classes at Dance Factory, my child will participate in the exams, performances & dress rehearsals:

Parent Signature:

Print Name:

I will paying by:

- term (only option for 6-14 years and 15 & over performance classes)
- 1 month dance card - 10 classes
- 3 month dance card - 10 classes
- 1 month dance card - 5 classes
- casual (pay as you go)

Payment can be made by eftpos/credit card facilities, credit card by phone or bank transfer:

BSB 063 166 ACC NO. 1002 4887 (please enter your name in description field).

If you would like us to debit your credit card, please fill in your details below and return to Dance Factory.

Type of card: Card number:

Name on card:

Signature: Exp date: Verification No:

Amount to be debited: \$

PLEASE RETURN FORM VIA EMAIL TO: dancefac@netspace.net.au

OFFICE USE ONLY: Date payment made:

Date confirmation sent:

Payment made by: Eft Internet Cash

225 Swan Street, Richmond Vic 3121

PHONE: 03) 9429 9492

E-MAIL: dancefac@netspace.net.au

WEBSITE: www.dancefactory.com.au



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