

***PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS*STUDENT DETAILS:**

First Name:

Surname:

Address:

State:

Postcode:

Suburb:

Home Phone:

Mobile:

Email:

Date of Birth:

Age as of 1/1/22:

Gender (please tick): **M  F **

How did you hear about Dance Factory?

**PERSON RESPONSIBLE FOR FEES:**

Surname:

First Name:

Address:

State:

Suburb:

Postcode:

Home Phone:

Mobile:

Email:

Relationship to Student:

**EMERGENCY CONTACTS:**

Name:

Relationship:

Phone:

Name:

Phone:

Relationship:

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

**Jazz**

Years of Training:

Classes per week:

School or Teacher:

**Lyrical**

**Other**

Years of Training:

Classes per week:

School or Teacher:

Years of Training:

Classes per week:

School or Teacher:

**Tap**

Years of Training:

Classes per week:

School or Teacher:

Years of Training:

Classes per week:

School or Teacher:

**Hip Hop**

**Ballet**

Years of Training:

Classes per week:

School or Teacher:

|  |
| --- |
| **PLEASE LIST CLASSES YOU WOULD LIKE TO ENROL FOR:** |
| Class | Day | Time | Age group |
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| **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 |
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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:

Print Name:

Parent Signature:

 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**

