

**PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONSSTUDENT DETAILS:**

First Name:

Surname:

Address:

State:

Postcode:

Suburb:

Home Phone:

Mobile:

Email:

Date of Birth:

Age as of 1/1/24:

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)

|  |  |  |  |
| --- | --- | --- | --- |
| Style | Years of Training  | Classes per week | School or Teacher |
| Jazz |  |  |  |
| Ballet |  |  |  |
| Hip Hop |  |  |  |
| Tap |  |  |  |
| Other-  |  |  |  |

**225 Swan Street, Richmond VIC 3121**

**PHONE: 03) 9429 9492**

**E-MAIL: dancefac@netspace.net.au**

**WEBSITE: www.dancefactory.com.au**

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

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 be paying by:

****term (only option for 3-13 years classes and 14 & 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  Bank Transfer  Cash** ****