

JUNIOR & TEENAGE ENROLMENT FORM 2019

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

STUDENT DETAILS			
First Name		Surname	
Address			
Suburb		State	Postcode
Telephone	Home	Mobile	
Email			
Date of Birth	Age as of 01/01/2019	Sex (please circle) M / F	
How did you hear about Dance Factory? (please specify)			
PERSON RESPONSIBLE FOR FEES			
First Name		Surname	
Address			
Suburb		State	Postcode
Telephone	Home	Mobile	Work
Email			
Relationship to student?			
Emergency Contacts			
NAME	RELATIONSHIP	PHONE 1	PHONE 2
1			
2			
3			

DANCE TRAINING: Have you had any previous training? (Please circle) Y / N (If yes, please list below)			
Style of Dance	Years of Training	Classes per week	School's Name or Teacher
Jazz			
Ballet			
Hip Hop			
Tap			
Contemporary			
Other			

PLEASE LIST CLASSES YOU WOULD LIKE TO ENROL FOR:			
Class/Standard	Day	Time	Teacher

Are there any Medical Conditions we should be aware of? (Please circle) YES / NO

Does your child have any learning difficulties that may need special attention? (Please circle) YES / NO

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

Parents Signature _____ Print Name _____

Payment can be made by cheque, eftpos/credit card facilities, credit card by phone or direct debit:
 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: \$

OFFICE USE ONLY: Date payment made: Payment made by: **Eft** **Internet**
Cheque **Cash**
 Date confirmation sent: