



Studio Enrolment Form

Student Information (please complete)

Name: _____

Date of Birth: _____ Age: _____

Address: _____

Suburb: _____ Postcode: _____

Parent(s) Name: _____

Mobile: _____ Telephone: _____

Email: _____

Ballet	TICK	Jazz	TICK
Happy Feet/Pre-School Ballet (Saturday)		Pre-Junior (Saturday)	
Graded Students		Junior Jazz	
Pre-Primary		Intermediate Jazz	
Primary		Pre-Senior & Senior Jazz	
Grade 1		Tap	
Grade 2		Pre-Junior & Junior Tap	
Grade 3		Intermediate Tap	
Grade 4		Senior Tap	
Grade 5		Performance Group	
		Classical	
		Contemporary/Lyrical	
Vocational Graded Students		Musical Theatre	
Intermediate Foundation		Private Lesson	
Intermediate		Eisteddfod Solos	
Advanced Foundation/Adv 1		Coaching	

Please read and complete the information below:

I/We the undersigned certify my child is in good health and may participate in the activities at the Sonja Dene Dance Studios. I/We have read the Sonja Dene Dance Studios **Policy & Guidelines Statement** and understand its contents. In case of emergency requiring medical treatment, the undersigned authorises the Sonja Dene Dance Studios teaching faculty to arrange for the student to be taken to a medical or hospital facility for treatment.

Name: _____ Signature: _____ Date: ___ / ___ / 20__

Does your child have any medical condition(s) that we should be aware of? (please describe below):

Non-Refundable Enrolment Fee of \$35.00 Per Student
Enrolment is not valid until the Fee has been received and/or processed.

Cash Cheque EFT / Credit card

Direct Deposit Date paid ___/___/20__

Office use only

Amount: \$ _____

Date received
 ___/___/20__