



## 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)	
<b>Graded Students</b>		Junior Jazz	
Pre-Primary		Intermediate Jazz	
Primary		Pre-Senior & Senior Jazz	
Grade 1		<b>Tap</b>	
Grade 2		Pre-Junior & Junior Tap	
Grade 3		Intermediate Tap	
Grade 4		Senior Tap	
Grade 5		<b>Performance Group</b>	
		Classical	
		Contemporary/Lyrical	
<b>Vocational Graded Students</b>		Musical Theatre	
Intermediate Foundation		<b>Private Lesson</b>	
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 \$40.00 Per Student**

**Enrolment is not valid until the Fee has been received and/or processed.**

Cash  EFT / Credit Card

Direct Deposit  Date paid \_\_\_/\_\_\_/20\_\_

**Office use only**

Amount: \$ \_\_\_\_\_

Date received

\_\_\_/\_\_\_/20\_\_