

ENROLMENT FORM 2020

First Name: _____ Last Name: _____

Date of Birth: _____ Age as of the 1st Jan 2020: _____

Address: _____

Postcode: _____

Parent/Guardian Name(s): _____

Contact Numbers – Home: _____ Mobile: _____

Email: _____



CLASSES 2020: * *Timetable is subject to change* *

Please tick the following classes which your child would like to attend: Please note that the final decision on which level/class is appropriate for your child will be made by the relevant teacher and/or principal.

TICK	CLASS	DAY	TIME
Primary			
☐	Primary Ballet/Jazz/Tap	Saturday	9:00am - 10:00am
☐	Primary Acrobatics	Saturday	10:00am - 10:30am
Sub Junior			
☐	Sub Junior Acrobatics	Saturday	10:00am - 10:30am
☐	Sub Junior Ballet/Jazz/Tap	Saturday	10:30am - 12:00pm
Junior			
☐	Junior Hip-Hop	Thursday	6:30pm - 7:15pm
☐	Junior Lyrical/Contemporary	Thursday	7:15pm - 8:00pm
☐	Junior Acrobatics	Saturday	10:30am - 11:30am
☐	Junior Ballet	Saturday	11:30am - 12:30pm
☐	Junior Tap	Saturday	12:45pm - 1:30pm
☐	Junior Jazz	Saturday	1:30pm - 2:30pm
Intermediate			
☐	Intermediate Jazz	Monday	5:30pm - 6:30pm
☐	Intermediate Ballet	Monday	6:30pm - 7:30pm
☐	Inter Lyrical/Contemporary	Monday	7:30pm - 8:15pm
☐	Intermediate Hip-Hop	Monday	8:15pm - 9:00pm
Senior			
☐	Senior Ballet	Tuesday	5:45pm - 6:30pm
☐	Senior Jazz	Tuesday	6:30pm - 7:30pm
☐	Senior Lyrical/Contemporary	Tuesday	7:30pm - 8:15pm
☐	Senior Hip-Hop	Tuesday	8:15pm - 9:00pm

TICK	CLASS	DAY	TIME
Performance Competition Team (SELECTION BY PRINCIPAL ONLY - EXPRESSION OF INTEREST WELCOME BUT NOT GUARANTEED) Must be able to commit to holiday competitions and extra rehearsals.			
☐	Junior Competitive Performance Team. Students must be in Classical Ballet to take part.	Thursday	5:30-6:30pm
Private Lessons If your child wishes to further their technique with the help of Private Lessons please tick the box and we will endeavour to make this possible for you. This can be used just for extra training or solo/duo/trio routines for competitions.			
☐	Any style organised time with the teacher.		

- Please state Medical Conditions If any and treatment required:

- I give permission for any photographs and video footage of my child to be used on social media and other areas.

Signature: _____

Date: ____/____/____



GENERAL TERMS AND CONDITIONS AGREEMENT

I _____ Parent of _____
acknowledge that I have read and agree to all Terms and conditions. I understand and agree
that appropriate action may be taken against myself or my child if there is any misconduct.

Parent Signature: _____

Date: ____/____/____

I _____, acknowledge that I have read and agree to all
Terms and conditions. I understand and agree that appropriate action may be taken against
myself or my child if there is any misconduct.

Student Signature: _____

Date: ____/____/____

UNIFORM TERMS AND CONDITIONS AGREEMENT

I _____ Parent of _____
acknowledge that I have read and agree to all uniform Terms and conditions. I understand
and agree that appropriate action may be taken against myself or my child if there is any
misconduct.

Parent Signature: _____

Date: ____/____/____

I _____, acknowledge that I have read and agree to all
uniform Terms and conditions. I understand and agree that appropriate action may be taken
against myself or my child if there is any misconduct.

Student Signature: _____

Date: ____/____/____