|  |  |  |  |
| --- | --- | --- | --- |
| **Student Details** | | | |
| **Students Full Name:** | | **Date of Birth:** | |
| **Medicare Number:** | | **Age as of 01.01.23:** | |
|  | | | |
| **Contact Information** | | | |
| **Mother’s Name:** | | **Mobile Number:** | |
| **Father’s Name:** | | **Mobile Number:** | |
| **Home Phone Number:** | | | |
| **Postal Address:** | | | |
| **Email Address:** | | | |
|  | | | |
| **Emergency Contact Information** (a person other than the mother or father) | | | |
| **Emergency Contact Name:** | | **Number:** | |
| **Medical Conditions or Special Requirements:** | | | |
|  | | | |
| **Class Enrolment Details** | | | |
| **Class Name:** | | **Class Day:** | |
| **Class Name:** | | **Class Day:** | |
| **Class Name:** | | **Class Day:** | |
| **Class Name:** | | **Class Day:** | |
| **Class Name:** | | **Class Day:** | |
| **I would like to request a private lesson** | | | |
|  | | | |
| **I would like my child to participate in the following exams this year:**  **Ballet** Yes No **Tap** Yes No | | | |
|  | | | |
| **Enrolment fee**  $55 Enrolment/Insurance | | | |
| **Terms**  I agree to myself/my child attending iDance Lugarno activities and will not hold iDance Lugarno responsible for any loss of property or accident. I understand that iDance Lugarno studio fees are non refundable. I give permission for my child to be photographed and videoed while participating in iDance Lugarno activities. I consent to these photos and videos to be used for publicity purposes for the studio and may also be used on social media platforms.  I understand prices are based PER TERM NOT PER WEEK inclusive of gst.  I Understand and acknowledge iDance 'Terms' can range from 8 - 11 weeks  I Agree that costume deposits will be invoiced from term 2,3 & balance in term 4 for end of year performance.  I understand and agree that 4 weeks written notices is required for change of or cancellation of a class prior to commencement of the next term. Any changes to classes after this time will incur administrations cost (4 weeks prorated term fees) | | | |
| **I have read and agree with the iDance Terms, conditions and fee policies** | | | |
| **Name:** | | | **START DATE** |
| **Signed:** | **Date:** | |