|  |
| --- |
| **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 weeksI 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:**       |