

Enrollment Form 2012

Web: www.dancenetwork.net.au

Email: Miss_heather_m@hotmail.com

Ph: 0421 068 384

Parent Name: _____

Home Phone: _____ Mobile: _____

Address: _____

Email: _____@_____

1. Student Name: _____ D.O.B ____/____/____

School Yr Level (2012) _____

2. Student Name: _____ D.O.B ____/____/____

School Yr Level (2012) _____

3. Student Name: _____ D.O.B ____/____/____

School Yr Level (2012) _____

Parent /Student / Guardian Signature _____

Do you wish to have Newsletters and other DanceNetwork Information emailed to you? Y / N

Emergency Contact details and information

Emergency Contact: 1. _____ 2. _____

Phone: 1. _____ 2. _____

Mobile: 1. _____ 2. _____

Are you an Ambulance member? Y / N Ambulance member No. _____

Do you have a Medicare card? Y / N Medicare card No. _____

Previous Dance Experience: _____

Please Tick:

Jazz / Tap

Ballet

Fairy Ballet

Hip Hop

Break Dance

Pointe

Contemporary

Acrobatics

Singing

Please note: Discounts are available for multiple classes of 3 or more per week.

Office use only

Insurance paid? Y / N

Student/s No. _____

