

New enrolment

Re-enrolment

Name: _____

D.O.B: _____

Address: _____

_____ P'code: _____

Phone numbers: (home) _____ (work) _____

(Parent mobile) _____ (student mobile) _____

Email (Parent): _____

Newsletters will be e-mailed to you via this address.

Email (student): _____

Conditions (eg. asthma): _____

Physical conditions/past or present injuries: _____

Allergies (medical or environmental): _____

Other relevant details you would like the Academy or the teacher to be aware of:

Whilst all care is taken in the classroom, Academy teachers and staff are not responsible for students when they are not in the classroom. Parents must take full responsibility for their children outside of class time and if they leave the class room studio. If any person is injured whilst on Academy premises and it is necessary to call an ambulance, the associated cost will be the responsibility of the injured person or guardian of the injured person.

I understand that dance/performing arts instruction requires physical exertion. I represent that the enrolled student is medically and physically able to safely participate in classes and to meet the physical demands thereof. I agree to assume all risks associated with participating in instruction at the Academy of Performing Arts Macarthur. If, at any time hereafter, the enrolled student has any medical or physical limitation or condition that might affect their ability to safely participate in classes, or meet the physical demands required thereof, I will make such limitations and conditions immediately known.

Fees are to be paid term in advance whether classes are attended or not. Make up classes may be taken if there is space in the appropriate class. In the case of long term illness or travel please see the Academy manager.

I accept the terms and conditions of enrolment and understand that fees must be paid for term in advance, whether classes are attended or not. If discontinuing lessons, refunds only apply for Wigglebugs.

Signed (parent/guardian)

Please print name

APPLICATION FOR CLASSES 2010

Wigglebugs™ Day: _____

Beginners Tap/Jazz:

Preference: 1)_____ 2)_____ 3)_____

'Little Ballerinas'
(Beginners Ballet):

Preference: 1)_____ 2)_____ 3)_____

Please indicate which grade/age group and the day of the class you would prefer to attend.

Ballet _____ Day: _____

_____ Day: _____

_____ Day: _____

_____ Day: _____

Tap _____ Day: _____

_____ Day: _____

Jazz _____ Day: _____

_____ Day: _____

Hip-Hop _____ Day: _____

_____ Day: _____

Modern _____ Day: _____

_____ Day: _____

Musical Theatre _____ Day: _____

Drama _____ Day: _____

Boys Stomp _____ Boys Hip-Hop _____

Performance Group-Age: _____ Style/s: _____

Please indicate age of student and styles of interest even if it is not presently noted on the timetable.

Solo lesson/s Available Days & Times: _____

(Dance/Drama) – You must have a time booked with the office via enrolment even if you have a time organised directly with your teacher.

Office Use Only

DOB. Phone No. Parent/Guardian signature

Classes

Enrolment fee

Term fees

Checked by _____