

ENROLMENT FORM

STUDENTS NAME:			
DOB:	_ AGE as of 01/01/2	24:	SCHOOL GRADE:
PARENTS NAME:			
ADDRESS:			
HOME PHONE:		MOBILE:	
EMAIL:			
MEDICAL INFORMATION/A	ALLERGIES:		
EMERGENCY CONTACTS:			
PREVIOUS DANCE EDUCAT	ION:		
If capable I would like my ch (circle)	nild to participate in	exams and t yes	he performance group no
I agree to photographs and appearing in printed publica images used are only for ed my child will be protected (ations and/or on the ucational and advert	academy w	ebsite. I understand that the
to indemnify and hold harm	ves a risk of accident e activities conducte or guardian of the p l to the activities, and aless Five Star Dance plunteers and all emp bers occurring durin	al injury des d by Five Sta articipants r d release fro Academy, it ployees for a g his/her/ou	pite all safety precautions. ar Dance Academy, I/we, as named herein, assume all m responsibility and agreed ts officers, directors, any illness or injury to me or ur participation in any
Signature]	Date:

How did you hear about us:_____

Please tick which class your child wishes to be enrolled in:

	Petite Stars A Pet	ite Stars B	Tiny Tumblers	
Tes	t 1 – Advanced Lesson Style Selectio	<u>n</u> Offic	e Use Only	
	Ballet			
	Jazz			
	Тар			
	Contemporary			
	Boys Zone			
	Strength & Conditioning			
	Нір Нор			
	Musical Theatre			
	A&A Program			
	Acrobatics			
	Little Monkeys			
	Aerial – Dance Cirque			
	8 & under Performance Teams (8 yrs	s & under on	01/01/24)	
	10 & under Performance Teams (10	yrs & under	on 01/01/24)	
	12 & under Performance Teams (12	yrs & under	on 01/01/24)	
	15 & Open under Performance Team	s (15 yrs un	der & over on 01/01/2	24)

Package Choices

1 lesson2 lessons3 lessons4 lessons5 lessons6 lessons7 lessonsUnlimited Dance