

PIVOT

Dance Studio



ENROLMENT FORM

2023

ENROLMENT

DANCERS DETAILS

NAME: _____

SURNAME: _____

DATE OF BIRTH: _____

PREVIOUS DANCE EXPERIENCE: ☐ YES ☐ NO

If yes: Dance Grade _____

Studio Name _____

PARENTS DETAILS

PARENTS NAME: _____

PARENTS CONTACT NO: _____

ALTERNATIVE NO: _____ RELATIONSHIP TO CHILD: _____

PARENT EMAIL: _____

ADDRESS: _____

IDENTITY NUMBER: _____

DATE OF ENROLLMENT: _____

MEDICAL AID DETAILS:

MEDICAL AID: _____

MEDICAL AID NUMBER: _____

PLAN: _____

MAIN MEMBER: _____

DR: _____

ALLERGIES: _____

In case of emergency, parents will be contacted immediately so that a suitable course of action can be arranged.