



2026 Enrolment Form

Student Information:

- Full Name: _____
- Date of Birth: _____
- Age: _____
- Gender: _____
- Phone Number: _____
- Email Address: _____
- NDIS Client Number: _____
- Do you want to be billed through your Self or Plan Managed NDIS funding? YES / NO
- NDIS Invoice Contact & Email: _____

Parent/Guardian Information:

- Full Name: _____
- Relationship to Student: _____
- Contact Number: _____
- Email Address: _____

Address:

- Street Address: _____
- City: _____
- State: _____
- Postcode: _____

Dance Experience:

- Has the student danced before?
 - ☐ Yes
 - ☐ No
- If yes, please specify the types of dance and duration of experience:



Special Needs and Disabilities:

- Please describe any special needs or disabilities the student may have:

- Are there any specific accommodations or support the student requires?

Support Worker (if applicable):

- Name: _____

- Relationship to Student: _____

- Contact Number: _____

Medical Information:

- Does the student have any medical conditions we should be aware of?

- ☐ Yes

- ☐ No

- If yes, please specify:



Class Preferences:

- **Tuesday 3.30 – 5.00** / Team Elevate (Advanced) A minimum of 2 classes per week is required
- **Tuesday 5.00 – 6.30** / Jazz Technique - (All Levels) A challenging class that focuses on flexibility, strength, balances, turns and elevation. This class is recommended for ALL Students as it builds strong foundations and strength for short & long term injury prevention.
- **Wednesday 3.30 – 5.00** / Team Aspire (Beginner) For those who love to perform but may not have the stage experience or developed faster cognitive skills quite yet.
- **Wednesday 5.00 – 6.30** / Commercial Hip Hop (All Levels) a great place to start dance learning musicality, new choreography and just want to have a fun filled class
- **Friday 3.30 – 5.00** / Team Slay (Intermediate) For those who have previous dance and performance experience but can't commit to 2 days a week.
- **Friday 5.00 – 6.30** / Contemporary Ballet (All Levels) For those who have always loved being graceful, expressive and feeling the flow of the music.
- Additional Comments or Requests: Would another day or time suit you better?

Consent:

I hereby give permission for my child to participate in the Slay My Ability Disability Dance Classes and acknowledge that I have provided accurate information regarding their needs and abilities.

- Parent/Guardian Signature: _____

- Date: _____

Thank you for choosing Slay My Ability! We look forward to welcoming you & your child to our dance community.

Kind Regards

Scotty Cosslett

Slay My Ability Director

Studio Location

- Paradox Studios YCV 8 Burke Street, Woolloongabba QLD 4102

