



2019 ENROLMENT FORM

Enrolment can be emailed to enquire@mds4dance.com

STUDENT 1:

First Name _____ Surname _____

Date of Birth ____/____/____ School Year _____

Allergies/Injuries/Illness/Medications _____

Classes

Style _____ Day _____ Time _____

Style _____ Day _____ Time _____

Style _____ Day _____ Time _____

Style _____ Day _____ Time _____

STUDENT 2:

First Name _____ Surname _____

Date of Birth ____/____/____ School Year _____

Allergies/Injuries/Illness/Medications _____

Classes

Style _____ Day _____ Time _____

Style _____ Day _____ Time _____

Style _____ Day _____ Time _____

Style _____ Day _____ Time _____

STUDENT 3:

First Name _____ Surname _____

Date of Birth ____/____/____ School Year _____

Allergies/Injuries/Illness/Medications _____

Classes

Style _____ Day _____ Time _____

Style _____ Day _____ Time _____

Style _____ Day _____ Time _____

Style _____ Day _____ Time _____

(continues over page)

CONTACT INFORMATION

PRIMARY CONTACT

First Name _____ Surname _____

Relationship to Child _____

Postal Address _____

Email _____

Mobile Phone _____ Home Phone _____

How are you paying: weekly / term

SECONDARY CONTACT

First Name _____ Surname _____

Relationship to Child _____

Postal Address _____

Email _____

Mobile Phone _____ Home Phone _____

Would the secondary contact like to receive newsletters via email, and text messages about cancelled classes? Yes/No

CONSENT

By signing below, you confirm you have read and agree to Melissa's Dance Studio Terms & Policies, and you understand that a **\$16 non refundable registration fee is payable at time of enrolment.**

RELEASE

Melissa's Dance Studio likes to sometimes use photos and video of their students online for studio news and promotional purposes. Before we do this, we must have parental/guardian permission. If the situation arises, do you consent to your child/children's photo or video footage of them in class being placed on:

Facebook Yes/No Instagram Yes/No MDS Website Yes/No Snapchat Yes/No

Signature of Primary Contact _____ Date _____

OFFICE USE ONLY

REG FEE PAID \$

COE SENT

XE

EM