



# REGISTRATION FORM

Please complete in CAPITAL letters

Date of Enrolment     /     /

Name of applicant.....

Address .....

..... Postcode .....

Parent/s or Guardian.....

Telephone (h)..... Telephone (w).....

Mobile ..... Email.....

Applicant's age ..... Gender    Male    Female    Date of Birth.....

Previous dance experience (if any).....

Enrolling for

Day	Type of class & grade	Time	Studio

How did you know about this school? (optional).....

I have read and understood the conditions of enrolment and filled out the emergency contact information (on the back of this form) and give permission for my child to take part at Jane Stanley Dance Centre.

Signature of Parent/Guardian..... Date .....

Conditions of Enrolment	EMERGENCY CONTACT INFORMATION
<ol style="list-style-type: none"> <li>1. Jane Stanley Dance Studio is divided into four terms (term duration may differ)</li> <li>2. Fees are charged each term (not each week) and are payable in advance for the full term</li> <li>3. Fees are due and payable within 21 days of the date of invoice</li> <li>4. Fees remaining unpaid after 21 days of the date of invoice will attract an administration charge amounting to 10% of the outstanding fees</li> <li>5. Jane Stanley Dance Studio reserves the right to refuse admission to any students whose fees remain unpaid</li> <li>6. If you chose to pay by cheque, please note that if there are insufficient funds in the account, you will be charged the dishonor fee</li> <li>7. Jane Stanley Dance Studio has a no refund policy for missed classes</li> <li>8. Please note as dance is a physical activity, a degree of physical contact between teacher and student may be required for either demonstration or correction</li> <li>9. Dancing is a strenuous activity from which injuries could arise. Jane Stanley Dance Studio and the instructors are NOT LIABLE for personal injuries, loss of, or damage to personal property</li> <li>10. Please inform instructor of any physical limitations you may have. If you are in doubt as to your physical limitations, please consult your physician before participating</li> </ol>	<p>PERSON TO CONTACT .....</p> <p>CONTACT NUMBER .....</p> <p>ALLERGIES.....</p> <p>MEDICATIONS .....</p> <p>HEALTH ISSUES? <input type="checkbox"/> Please circle below</p> <p>ASTHMA EPILEPSY DIABETES HYPOGLYCEMIA HEART PROBLEMS</p> <p>TREATMENT REQUIRED .....</p>
	<p><b>Other Important Student Information</b></p>