



Director: Jen Barfoot

Studio address: 27-29 Tarnard Drive Braeside 3195

Phone: 9587 9373

www.mathisdancing.com.au

## Enrolment Form 2012

Student Given Names.....

Surname.....

Date of Birth.....Age at Jan 1<sup>st</sup> 2012.....

Address.....

Suburb.....Postcode..... Phone.....

Mothers Name..... Mobile no.....

Fathers Name..... Mobile no.....

Email address.....

Any recurrent Illness or Medical Condition, e.g. Asthma. Epilepsy or any learning difficulties. Also any recurrent injuries or physical limitations. (All information remains confidential)

---

---

---

Regular Medication.....

Treatment in Emergency.....

Emergency Contacts

1.....Ph .....Relationship to student.....

2.....Ph .....Relationship to student.....

Parents need to note that all students dance & cheer at their own risk. Annual Membership of \$15.00 includes Dance & Performing Arts Insurance Scheme. Parents should be aware that Dance & Cheer Training involves a certain amount of hands on assistance for correction.

Students are required to attend all classes and wear the correct school uniform. No refunds or make up classes are available for missed classes. We reserve the right to combine or change classes and change teachers where necessary.

### **Where did you here about us you?**

**Local Paper**

**Referral Name** \_\_\_\_\_

**Internet**

**Other**  \_\_\_\_\_

**Google / Yellow pages circle**

**Thank you.**



**Director: Jen Barfoot**

Studio address: 27-29 Tarnard Drive Braeside 3195

Phone: 9587 9373

www.mathisdancing.com.au

Parents must contact the studio on 9587 9373 or email [jen@mathisschoolofdancing.com.au](mailto:jen@mathisschoolofdancing.com.au) if the student will not be attending a class.

I wish to enrol my child having read the above conditions and guidelines in the prospectus I agree to pay \$15 membership for insurance and pay term fees in full upon starting.

I hereby accept responsibility for delivering and collecting the above-mentioned student inside the studio of this School of Dance.

**Signature of Parent or Guardian** .....

**Print Name** .....

**Date** .....

**Class/es Enrolling in** .....

## **PHOTOGRAPHY PERMISSION FORM**

As part of our communications activity, the Mathis School of Dancing occasionally uses photography for publicity purposes. We would like your permission to photograph/film your child for possible inclusion in our publications, website and other publicity material. The image(s) will remain the property of the Mathis School of Dancing and will be used only for the designated purpose of promoting the Mathis School of Dancing. Your child's contact details will remain strictly confidential.

Name of Student: .....

Name of parent/guardian: .....

I permit Mathis School of Dancing to use photographs of me/my my child in Mathis publications, website and publicity material, and for inclusion in the Mathis image library.

Signed: .....

Date: .....

**(must be signed by parent/guardian if individual is under 16 years old)**

### **Office Use only**

- Entered Myob                       Invoice done  
 Entered Register                   Pocket done      Fee code \_\_\_\_\_