



**STUDENT NAME:** \_\_\_\_\_

New Student                       Returning Student                      Age: \_\_\_\_\_                      D.O.B: \_\_\_\_\_

Where did you hear about us: \_\_\_\_\_

Address: \_\_\_\_\_                      Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Name of Kinder/School: \_\_\_\_\_                      Grade/Year: \_\_\_\_\_

Medical details: eg: allergies, asthma, injuries, hearing impairment, use of medications etc...  
\_\_\_\_\_

**CONTACT DETAILS:** (please print clearly)

Mothers Name: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

**EMERGENCY CONTACT:** (other than parents)

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone: \_\_\_\_\_

**CLASSES:**

Day	Class	Time

**AUTHORITY TO RELEASE**

I hereby give permission for Andrea Catherine Performing Arts to display, print, copy and publish in brochures, newsletters, website, social media, video and other promotional material, photos or video footage of me/my child (as listed above) or members of my family taken during dance classes, activities and performances.

**DECLARATION**

In the event of an accident, I authorise staff of Andrea Catherine Performing Arts to obtain necessary medical assistance and treatment. I agree to meet any expenses attached to such treatment. I am aware that fees are payable within the first two weeks of each term. There are no refunds on payment of term fees. Make up classes are permissible, providing arrangements are made with staff prior to attending and must be taken within the term. There is NO dancing on Public Holidays Fees are adjusted accordingly on individual invoices.

I have ambulance cover

I do not have ambulance cover

Parent/Guardian signature: \_\_\_\_\_                      Date: \_\_\_\_\_

**A \$10.00 enrolment/insurance fee is payable with this form.**

<b>OFFICE USE ONLY:</b>	
Enrolment fee paid.	Date: _____
Entered: DB E-mail	
Package: _____	
Family members: _____	