

The Ballet Class

Rose Bay

Ph: 9365 5221

STUDENT' S NAME _____

DATE OF BIRTH _____

ADDRESS _____

SUBURB _____ POSTCODE _____

HOME PHONE NUMBER _____

MOBILE PHONE NUMBER _____

EMAIL ADDRESS _____

CHOSEN CLASSES FOR 2017

Does your child have any medical condition, illness or disability that the teacher should be informed of? If so, please describe

It is necessary for teachers to physically touch and place the students in a dance class. Please indicate your consent Yes

It is sometimes necessary for teachers to video dances in their lessons, these videos are for our own use and will not be posted or shared with any third parties, these are purely used as a learning tool within our classroom environment. Please indicate your consent Yes

This Form should be completed and returned prior to attending any classes at The Ballet Class. Payment for Term 1 to be submitted with this registration form. Term 2, 3 & 4 fees are due in the first week of each term. Fees can be found in the prospectus.

By signing this form you agree to pay all fees for this student on time and to give ONE TERMS NOTICE if you wish to discontinue lessons at The Ballet Class. There is no reduction, discount or wavering of Term fees for holidays, family/school functions, sickness etc. however we are happy to offer students the opportunity to attend another class in either the same or a different genre of dance to make up for any missed classes.

PRINT PARENT NAME _____

SIGNATURE OF PARENT _____