

Dance Fusion

Studio of the Performing Arts

2020 Enrolment Form

Student's Information

Strictly Confidential

Student's Name: _____
Student's Date of Birth: _____ Student's Age on the 1/1/2020 _____
Parent/Guardian: _____
Address: _____
Phone: Home _____ Mobile _____
E-mail: _____
Do you wish for information to be sent via email? Y / N

Classes

Classes enrolling in: _____
Do you wish to participate in the end of year concert? Y / N
Do you wish to participate in Dance Competitions (if applicable) Y / N

Consent

Do you consent to photographs of the students being used in advertising? Y / N

Medical Information

Family Doctor: _____
Phone: _____
Medical Insurance Carrier: _____
Member's Name: _____
Membership Number: _____
Do you have ambulance cover? Y / N
In an emergency do you give Dance Fusion permission to call an ambulance? Y / N

Allergies, if any, including medication: _____

Please provide details of any medical conditions and action plans, so that we can best teach and look after your child.

Medicines your child is taking now: _____

In an emergency, parents can be reached as follows _____

Alternative emergency contact number _____

I have read and accepted the conditions of the Dance Fusion 2020 Enrolment Contract

Date: _____

Signed : _____ Name: _____

Accepted Date: _____ Signed on behalf of Dance Fusion: _____