

Michelle Maree's School of Dance

Enrolment Form

Student Name: _____

Date of Birth: ____/____/____

Address: _____

Email address: _____

Phone (home): _____

Primary Contact: _____

Relationship: _____ Mobile: _____

Secondary Contact: _____

Relationship: _____ Mobile: _____

Contact name and number other than parent:

Does the Student suffer from any injuries, allergies or medical conditions? Yes/ No

If yes, please specify: _____

I wish to enrol in the following classes:

Day/Time _____

Day/Time _____

Day/Time _____

I agree that photographs or videos taken by Michelle Maree's School of Dance staff may be used for promotional or marketing materials, and I allow Photos of my child to be used; Yes/ No

I acknowledge that the above information is correct. I have read and acknowledge the Terms and Conditions, and agree to all information.

Name: _____

Signature: _____ Date _____