

Steps – Macedon & Gisborne Enrolment Form - 2012

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STEPS STUDIO LOCATION:	MACEDON	GISBORNE

STUDENT NAME: _____ D.O.B _____

CLASS: _____ LEVEL _____ DAY _____

CLASS: _____ LEVEL _____ DAY _____

CLASS: _____ LEVEL _____ DAY _____

CLASS: _____ LEVEL _____ DAY _____

STUDENT NAME: _____ D.O.B _____

CLASS: _____ LEVEL _____ DAY _____

CLASS: _____ LEVEL _____ DAY _____

CLASS: _____ LEVEL _____ DAY _____

CLASS: _____ LEVEL _____ DAY _____

CONTACT DETAILS

CONTACT PARENT/GUARDIAN: _____

EMAIL ADDRESS: _____

POSTAL ADDRESS: _____

_____ POSTCODE _____

PHONE: H) _____ W) _____ M) _____

STUDENT'S MOBILE (IF APPLICABLE) _____

RELEVANT MEDICAL HISTORY

EG. ALLERGIES, ASTHMA, DIABETES, EPILEPSY, INJURIES, SPECIAL NEEDS, ETC

CLOTHING SIZE: FOR COSTUMING PURPOSES FOR END OF YEAR CONCERT

STUDENT NAME: _____

CHILDS 2 4 6 8 10 12 14

ADULTS 6 8 10 12 14 16

STUDENT NAME: _____

CHILDS 2 4 6 8 10 12 14

ADULTS 6 8 10 12 14 16

Please indicate if you wish to be notified and involved in any of the following:

RAD BALLET EXAMINATIONS

GLENN WOOD TAP EXAMS

END OF YEAR CONCERT

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PLEASE ENSURE YOU READ OUR TERMS AND CONDITIONS OF ENROLMENT

DECLARATION

I have read and accept the terms and conditions of enrolment to *Steps – Performing Arts*. I understand that all students dance entirely at their own risk, and that *Steps – Performing Arts* will not be responsible for any injury incurred by students/parents in or outside the vicinity of the studios/theatre. In the case of serious illness or injury, when I can't be contacted, I give permission to the staff of *Steps* to arrange for my child/children to be taken to a doctor or hospital. I also give permission for my child's photograph to be used for promotional purposes.

SIGNED: _____ DATE: ____/____/____

NEW STUDENTS ONLY: DATE OF FIRST FREE TRIAL LESSON ____/____/____

ANNUAL ADMINISTRATION FEE DUE UPON ENROLMENT (Cash or Cheque)
\$15.00 PER STUDENT / \$35.00 FAMILY RATE GST Inc (3 or more students per family)
(Cash / Cheque / Internet Deposit Code – EFMACSurname or EFGISSurname)

Office Use Only	Admin Fee Paid	SMS Entered	Email Entered	Database Entered	Class List Entered