

BDC Dance 2010 Student Enrolment Form

STUDENT INFORMATION

First Name:	Surname:
First Name (student #2):	First Name (student #3):
Date of Birth (pls show for all dancers):	
Kinder/School attending in 2010: Year/Grade:	
Student #2:	Student #3:
*Special Considerations/Medical History	
<p><i>*If necessary please provide separate sheet of information about medical or other conditions which may affect physical, emotional or intellectual health and wellbeing (eg asthma, epilepsy, diabetes, allergies, phobias, injuries, previously broken limbs, learning difficulties, sensory impairments, etc).</i></p>	

CLASS SELECTION

First Name	Class Session Title (as per timetable) <i>Eg Level 1 Jazz</i>	Day/Time <i>Eg Friday 4pm-5pm</i>	Duration <i>Eg 1hr, 2.5hrs</i>	Class Code

Parent/Guardian Information

Parent Name/s:	
Address:	
Postcode:	
Postal Address (if different from above):	
Postcode:	
Home Telephone:	Mobile (Mum):
	Mobile (Dad):
Email Address:	
I would like to receive my newsletters and invoices by email: Yes No	
Emergency Contact (OTHER THAN A PARENT)	
Name: Telephone No (H):	
Mobile:	

In the event of illness or accident, where I cannot be contacted, I authorise staff of BDC Dance to refer my child to a Doctor or Hospital.	
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Signature of Parent/Guardian	Date

FOR OFFICE USE ONLY:
COMMENCEMENT DATE:

CRI:

INV:

EM: