

Enrolment Form 2019

FAMILY NAME: _____

CHILD 1

Given Name: _____ D.O.B: _____ Age as of 1/1/19: _____

Students year level at school: _____ Students School: _____

CHILD 2

Given Name: _____ D.O.B: _____ Age as of 1/1/19: _____

Students year level at school: _____ Students School: _____

CHILD 3

Given Name: _____ D.O.B: _____ Age as of 1/1/19: _____

Students year level at school: _____ Students School: _____

CHILD 4

Given Name: _____ D.O.B: _____ Age as of 1/1/19: _____

Students year level at school: _____ Students School: _____

Email Address: _____

(Please print carefully) USED FOR CPD INFO ONLY

Additional Email: _____

(If applicable i.e. separated families or students email)

Address: _____

Postcode: _____ Phone: _____ Student Mobile: _____

(If applicable)

PARENT/ GUARDIAN 1

Name: _____ Contact number: _____

PARENT/ GUARDIAN 2

Name: _____ Contact number: _____

EMERGENCY CONTACT (Must be different from above)

Name: _____ Contact number: _____

Relevant medical conditions/ allergies or injuries? YES NO

Does the student have any medical condition, injury or allergy about which Casey Priddle Dancers should know about?
(E.g. asthma, epilepsy, learning difficulties, ADHD, peanut allergy, etc.)

Your condition will not affect your enrolling in our school, but knowledge will help us help your child. (If necessary
attach extra page) Please ensure action plan is well-explained _____

Information provided in the following section will be used for invoicing purposes so please make sure it is filled out correctly. Please notify us of any changes via email or in writing.

CHILD 1

Classes: _____

Total Hours p/w: _____

CHILD 2

Classes: _____

Total Hours p/w: _____

CHILD 3

Classes: _____

Total Hours p/w: _____

CHILD 4

Classes: _____

Total Hours p/w: _____

I, Person/s in charge of accounts: _____ agree to pay fees for dance tuition, in full and by the due date for student/s: _____ I understand that fees are not refundable.
Signed: _____ Date: _____

Email Address: _____
(Please list the email address you would like your accounts to be sent to. Please print carefully)

Date commenced classes for 2019: _____ Date/ Year commenced classes at CPD: _____

How did you hear about us?: Social Media School Newsletters Word of Mouth Flyer/letterbox Drop
Referred by Friend: _____ Other: _____

PLEASE READ BELOW TICK AND SIGN ALL RELEVANT CONDITIONS:

In the event of a medical emergency I authorize Casey Priddle Dancers to seek medical advice for my child with a medical doctor or at a hospital. I will be responsible for any costs incurred including ambulance or medical fees and understand these will not be covered by CPD. *All attempts to contact parents will be made.*

Photography and video recording may be used during class and at concerts, competitions and other events throughout the year. I am aware my son/ daughter may be featured and this may be used for (including but not limited to) CPD website, newsletters, promotional advertising and/or displayed at the studio or concert. *Please contact us if you do not want your child to be featured.*

I have filled in all details above correctly and have read and understand all the info in the 2019 CPD info pack. I will check studio dates and emails regularly and notify CPD of any changes to our contact information.

Parent signature: _____ DATE _____

TROUPE STUDENTS

Troupe class students may be required to participate in additional rehearsal some weekends and during the school holidays. Troupe participates must be available to attend competitions & performances throughout the year. I understand that I/ my child is committed to a team. We will make every effort to attend all rehearsals and will give at least 6 weeks notice if I will be away during a competition. Students must attend at least 80% of classes to be eligible to participate in competitions.

Parent signature: _____ DATE _____