

# Enrolment Form 2020

FAMILY NAME: \_\_\_\_\_

**CHILD 1**

Given Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age as of 1/1/20: \_\_\_\_\_

Students year level at school: \_\_\_\_\_ Students School: \_\_\_\_\_

**CHILD 2**

Given Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age as of 1/1/20: \_\_\_\_\_

Students year level at school: \_\_\_\_\_ Students School: \_\_\_\_\_

**CHILD 3**

Given Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age as of 1/1/20: \_\_\_\_\_

Students year level at school: \_\_\_\_\_ Students School: \_\_\_\_\_

**CHILD 4**

Given Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age as of 1/1/20: \_\_\_\_\_

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 2020: \_\_\_\_\_ Trial Date: \_\_\_\_\_  
*(If applicable)*

Date/ Year commenced at CPD: \_\_\_\_\_ Are you due for a CPD 5 or 10 year award? Y / N

Any previous dance/ relevant experience: \_\_\_\_\_

How did you hear about us?: Social Media School Newsletters Word of Mouth Flyer/letterbox Drop Signage 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 2020 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 participants 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 \_\_\_\_\_