

**ENROLMENT DETAILS – 2024**

**Student Information**

|  |  |
| --- | --- |
| **Child’s Name** |  |
| **Date of Birth - Age** | (Dob)  (Age) |
| **Gender Preference: M/F/NB/PREFERRED PRONOUN** |  |
| **Allergies** (if any) |  |
| **Medical Conditions** |  |
|  | |

**Parent/Guardian Information**

|  |  |
| --- | --- |
| **First Parent/Guardian’s Name** |  |
| **Mobile Number of Preferred Contact** |  |
| **Email Address to send Correspondence/Newsletters/Invoices** |  |
| **Address & Postcode** |  |
| **Second Parent / Guardian Name** |  |
| **Mobile Number or Preferred Contact** |  |
| **Address & Postcode of Second Parent** |  |
| **Email Address** |  |
| **Date of Trial class: Dance Day & Time or Group Name:**  **CLASS INFORMATION**  **Preferred day of class: (circle) Monday, Tuesday, Wednesday, Thursday, Friday, Saturday** | |
| **Preferred location: (circle) Lindisfarne, Kingston, Sandy Bay & Mt Nelson** | |
| **Preferred type of class: Express (Permanent) 45mins, Tiny (2-5 years) 45 mins/1-hour class, Rompers (5-8 years) Stomp Juniors (7/8-10/11 years), Stomp Intermediates (11-15 years), Squad Intermediates (11-15 years), Seniors (16 years and over), Squad Seniors (16 years and over) and/or Solo/Duo/Trio**  **Please advise now if you do not wish for your child/children to be a part of our end of year concert: (circle)**  **YES / NO** | |
| **Which Class is applicable to you? (Circle) Morning After School Saturday’s** | |
| **Are there any days that you can NOT attend class? - (List days)** | |
|  | |
| **Any other information that we need to know about your child: -** | |
|  | |