

**ENROLMENT DETAILS – 2024**

**Student Information**

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

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| **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)** |
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| **Any other information that we need to know about your child: -** |
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