



2010 JESOD ENROLLMENT & CONSENT FORM:

STUDENTS NAME: _____ AGE this year: _____

STUDENTS D.O.B: _____ PARENTS NAMES: _____

ADDRESS: _____

P/CODE: _____

Home Ph: () _____ Mobile: _____

Email: _____

Do you wish to receive newsletters via email? Yes or No (please circle)

Classes enrolling in: (please tick)

TINY TOTS	Jazz	Special deal* - TAPARAMA	
JUNIOR	Tap	Special deal* - LADIES ONLY	
INTERMEDIATE	Hip Hop	Special deal* - BETTY BUN HEADS	
SENIOR	Drama	Special deal* - EARLY BIRDS	
ADULT	Classical Ballet	Special deal* - DANCE-A-HOLICS	
LADIES BEGINNER	Contemporary	Special deal* - ADULTS	
MINI MOVERS 2yrs+	Co-Ordination Class	TERM FEES UPFRONT DISCOUNT (10%)	

Does your child have any Allergies or Medical Conditions? If yes please state below.

Including Penicillin, Band-aids, Asthma, Epilepsy, Dyspraxia, Diabetes, Peanuts and food allergies.

Is your child currently taking any medication? Please state below.

* Alternative Contact details in an emergency

Name: _____ Relationship: _____

Home Ph: _____ Work: _____ Mobile: _____

Please read the following carefully before signing

I give permission for my child to attend dancing lessons with "Jacki E Studio's of Dance". In case of an emergency where I the parent or guardians are uncontactable, I authorise Jacki.E Studio's of Dance to organise transport and immediate medical treatment on my behalf.

(Please circle)

I will be paying **WEEKLY FORTNIGHTLY MONTHLY BY THE TERM**

Those who pay the full term fees up front in the first week of term shall receive a 10% discount.

I understand the terms of payment are Cash, Chq or EFT (only EFT when paying full term- not weekly)

And I understand that all attended and absent lessons must be paid for; termination of your child's tuition may be the subsequent action of unpaid fees.

Classes are to be paid at the time of the lesson. If you choose to pay fortnightly, monthly or by the term this is to be paid upfront.

Jacki.E studio's of Dance reserves the right to terminate tuition if student or parent conduct and behaviour is inappropriate. I the parent or Guardian understand that I will not be permitted to sit in and watch weekly classes and rehearsals as it is distracting for all participating students

Jacki.E Studio's of Dance reserves the right to change any class times if unforeseen circumstances arise. Updating student/ parent contact information will aid in better communication should there be a problem or change in class times (phone number, address, & medical details) Dance classes can involve risk of personal injury. While Jacki.E Studio's of Dance takes all reasonable care in the conduct of its classes, it accepts no responsibility for injury caused during classes or whilst participants are near dance class or concert venues, Or the loss of personal items.

Signed by Parent or Guardian _____ Print name _____ Date _____

Publicity consent

All music, routines, choreography and images (photographic & video) remain the property of Jacki.E Studio's Of Dance. I give permission for my child's photo or dancing performance to be displayed / published in advertising or media publications (e.g. concert DVD or website). This may include printing of Christian/ first names under photographs.

I approve of the use of such material to promote Jacki.E Studio's Of Dance now and in the future.

Signed by Parent or Guardian _____ Print name _____ Date _____