

Term 1	Term 2	Term 3	Term 4
--------	--------	--------	--------

# **KICKS DANCEFORCE**

TELEPHONE: 0425 246 063

## **ENROLMENT FORM 2026**

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

**STUDENT -** DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

WORK PHONE No: \_\_\_\_\_ MOBILE No: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PERMISSION TO TAKE PHOTOS : \_\_\_\_\_

### **MEDICAL HISTORY**

The Teachers of KICKS DANCEFORCE will endeavour to take good care of your child at dance lessons. Please indicate if your child has/ have any medical conditions, which we should know about.

My child \_\_\_\_\_ suffer/s \_\_\_\_\_

Indicate in the case of sickness or an emergency a contact person other than yourself.

NAME: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

CONTACT No: \_\_\_\_\_.

### **CLASS INFORMATION**

<b><u>DAY</u></b>	<b><u>CLASS</u></b>	<b><u>TIME</u></b>	<b><u>COST</u></b>

PARENT SIGNATURE: \_\_\_\_\_

WHICH STUDIO: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

*By signing this form you are legally responsible for the payment of invoices occurred from Kicks Danceforce*