

Term 1	Term 2	Term 3	Term 4
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**KICKS DANCEFORCE**  
**TELEPHONE: 0425 246 063**  
**ENROLMENT FORM 2026**

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

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

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

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

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

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

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

OS: **MEDICAL HISTORY**

#### 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** **about:**

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

Indicate in the case of sickness or an emergency a contact person:

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

WHICH STUDIO:

**AMOUNT PAID:** **RATE:** **SIGNATURE:**

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