

Term 1	Term 2	Term 3	Term 4
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KICKS DANCEFORCE

TELEPHONE: 0425 246 063

ENROLMENT FORM 2025

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

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

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