



2020 Enrolment Form

Student Details	
Students Full Name:	Date of Birth:
Medicare Number:	Age as of 01.01.20:

Contact Information	
Mother's Name:	Mobile Number:
Father's Name:	Mobile Number:
Home Phone Number:	
Postal Address:	
Email Address:	

Emergency Contact Information (a person other than the mother or father)	
Emergency Contact Name:	Number:
Medical Conditions or Special Requirements:	

Class Enrolment Details	
Class Name:	Class Day:
Class Name:	Class Day:
Class Name:	Class Day:
Class Name:	Class Day:
Class Name:	Class Day:
I would like to request a private lesson <input type="checkbox"/>	

I would like my child to participate in the following exams this year:	
Ballet Yes <input type="checkbox"/> No <input type="checkbox"/>	Tap Yes <input type="checkbox"/> No <input type="checkbox"/>

Enrolment Options (Please select one)
<input type="checkbox"/> \$35-Enrolment/Insurance + 1 Chocolate Fundraiser Box
<input type="checkbox"/> \$55-Enrolment/Insurance

Terms	
I agree to myself/my child attending iDance Lugarno activities and will not hold iDance Lugarno responsible for any loss of property or accident. I understand that iDance Lugarno studio fees are non refundable. I give permission for my child to be photographed and videoed while participating in iDance Lugarno activities. I consent to these photos and videos to be used for publicity purposes for the studio.	
<input type="checkbox"/> I have read and agree with the iDance Terms, conditions and fee policies	
Name:	START DATE
Signed:	
Date:	