

THE DANCE BANK

Enrolment Form

Name of Pupil _____ D.O.B. _____

Class Day _____ Time _____ Venue _____

Address _____

Post Code _____

Telephone No Home _____ Mobile _____

Telephone No Work _____ Email _____

Name of person to whom invoices should be addressed _____

Declaration

- 1) I will notify the teacher of any medical or physical ailments or limitations that may affect the ability to participate in the classes enrolled for. I will update the teacher with any changes to medication or condition as appropriate.
- 2) I am aware that fees are payable by the end of the first week of any new 10 week term and that if fees remain unpaid by the commencement of the fourth week, the pupil may be excluded from classes until the account is brought up to date, unless an agreement is made with the Principal.
- 3) I am aware that the fees are payable in 10 week blocks and that any classes missed may be made up at other times or locations, but that fees are non refundable for classes not attended.
- 4) I am aware that at certain shows official video footage may be taken.

Signed

Date

Parent/Guardian/Pupil