



# AMY NEWTON DANCE STUDIOS



## STUDENT ENROLMENT FORM 2023



All parents/students are required to join our Band app upon enrolment for all yearly info, practice videos, newsletters and events.

\*Download the app \*Register details using full names \*Search 'Amy Newton Dance Studios' \*Request membership \*Wait for admin approval

STUDENT FIRST NAME: \_\_\_\_\_

STUDENT SURNAME: \_\_\_\_\_

STUDENT D.O.B: \_\_\_\_\_

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

SUBURB/CITY: \_\_\_\_\_

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

ENROLLED CLASSES (eg; Jnr-Int Ballet, Jnr Hip Hop etc): \_\_\_\_\_

PERMISSION TO LEAVE: ***If under the age of 18. Please highlight/circle one of the following***

A. My child IS allowed to leave the premises after class and will be picked up outside or can walk/ride home.

B. My child is NOT allowed to leave the premises and must wait for parent/guardian to come in and pick them up.

***The following emails are required for invoicing. First Email is to be primary, and second if any as back up. Please write clearly***

Primary EMAIL: \_\_\_\_\_

Second EMAIL: \_\_\_\_\_

***To maintain best tuition/modifications and understanding please list any of following if any. Attach a separate sheet with any necessary procedures/info or fill in more details on back of this form***

PREVIOUS HISTORY: eg; dance/gymnastics/martial arts etc. Where.. Years...

MEDICAL/INJURY/BEHAVIOURAL: (examples: asthma, anaphylaxis, epilepsy autism, adhd, spinal conditions etc)

***In case of Emergencies. Please provide 2 best contacts. Can list 2 numbers if need under each contact.***

1ST PARENT/GUARDIAN/NEXT OF KIN:

FULL NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

MOBILE/PH: \_\_\_\_\_

2ND PARENT/GUARDIAN/NEXT OF KIN:

FULL NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

MOBILE/PH: \_\_\_\_\_

*In signing this enrolment form you acknowledge and declare that the above information is correct and that yourself/ enrolled child is physically prepared and is dancing at own risk. You agree and accept that you have read the current policies and conditions of Amy Newton Dance Studios out-laid on our website and stand by the rules within. You understand and agree to a media release that myself/my child may be filmed/photographed during classes/performances which is only to be used for School practice videos and/or School promotional purposes only.*

Parent/Guardian/Student Signature (18 & over): \_\_\_\_\_ Dated: \_\_\_\_\_

Name Printed: \_\_\_\_\_

STAFF ADMIN ONLY: CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SQUARE ENTERED: \_\_\_\_\_ DATE: \_\_\_\_\_