

# DANZA & *Performing Arts*

## ENROLMENT FORM CHILD

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ **Post Code:** \_\_\_\_\_

Contact in case of emergency: \_\_\_\_\_

Class Name, Day & Time: \_\_\_\_\_

Any Pre-Existing Medical Conditions:

Y  N

If Yes, Please give details: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ **Post Code:** \_\_\_\_\_

Postal Address: \_\_\_\_\_ **Post Code:** \_\_\_\_\_

Phone Number Home: \_\_\_\_\_

Work Number: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ **Post Code:** \_\_\_\_\_

Postal Address: \_\_\_\_\_ **Post Code:** \_\_\_\_\_

Phone Number Home: \_\_\_\_\_

Work Number: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ **Post Code:** \_\_\_\_\_

Phone Number Home: \_\_\_\_\_

Contact Number: \_\_\_\_\_

PLEASE POST TO: 6 TOWNSEND AVENUE FRENCHS FOREST 2086