

EXTREME DANCE ENROLMENT FORM 2017

STUDENT'S NAME	
DATE OF BIRTH	
PARENT/CAREGIVER'S NAME	
ADDRESS	Postcode
EMAIL	<p>Email is our preferred form of communication for invoices & studio notices. Please tick here if you DO NOT want to receive communication by email <input type="checkbox"/></p>
PHONE	<p>(HM) (WK)</p> <p>(MOBILE)</p>
HEALTH	Please list any serious medical condition / special needs / learning difficulties that we should be aware of (eg diabetes, asthma, hearing difficulties etc):
CLASS/ES FOR 2017	
NEW STUDENTS ONLY	Previous dance experience, if any (to enable us to place you in the right class):
PLEASE SIGN	<p>By enrolling my child at EXTREME DANCE, I accept responsibility for payment of the tuition fees for all classes in which my child is enrolled.</p> <p>I understand that EXTREME DANCE from time to time engages photographers / videographers for studio classes, events & performances, and that any photographs / footage captured may be used for studio purposes including publicity & social media at a later date.</p> <p>By enrolling my child, I give permission for my child's image to be used.</p> <p>SIGNED: _____ DATE: _____</p>

FORMS CAN BE POSTED TO: PO Box 50-019, Porirua 5240

FOR ENQUIRIES PLEASE PHONE: (04) 2375662, OR EMAIL info@extremedance.co.nz

This enrolment form collects personal information about you. Under the privacy act 1993, you are entitled to have access to, and request correction of this information. It is held at Extreme Dance's premises: 5 Paremata Cres, Paremata, Porirua.

OFFICE USE	XERO - C	ROLL - M	EMAIL
	XERO - I	ROLL - S	REG