

THE DANCE BANK

Enrolment Form

Name of Pupil _____ D.O.B. _____

Address _____

Post Code _____

Telephone No Home _____ Mobile _____

Telephone No Work _____ Email _____

Class Day _____ Time _____ Branch _____

Name of Person to whom the Invoice should be addressed: _____

Relationship: _____

How do you know about us? eg Recommendation/Advert/Poster/Internet Search/Yellow Pages/Attended previously. Please circle or write here _____

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.
- 5) I am aware that unless all fees are up to date, the pupils may not be allowed to enter external examinations or take part in shows or external performances.

Signed
Parent/Guardian/Pupil

Date