

Term 1	Term 2	Term 3	Term 4
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**KICKS DANCEFORCE**  
**TELEPHONE: 0425 246 063**  
**ENROLMENT FORM 2024**

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

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

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

STUDENT - DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

WORK PHONE No: \_\_\_\_\_ MOBILE No: \_\_\_\_\_

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

PERMISSION TO TAKE PHOTOS : \_\_\_\_\_

**MEDICAL HISTORY**

The Teachers of KICKS DANCEFORCE will endeavour to take good care of your child at dance lessons. Please indicate if your child has/ have any medical conditions, which we should know about.

My child \_\_\_\_\_ suffer/s \_\_\_\_\_

Indicate in the case of sickness or an emergency a contact person other than yourself.

NAME: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

CONTACT No: \_\_\_\_\_.

**CLASS INFORMATION**

<u>DAY</u>	<u>CLASS</u>	<u>TIME</u>	<u>COST</u>

PARENT SIGNATURE: \_\_\_\_\_

WHICH STUDIO: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

*By signing this form you are legally responsible for the payment of invoices occurred from Kicks Danceforce*