

ENROLMENT FORM

Michelle Babicci School of Dance

Parent/Guardian Name _____

Postal Address: _____

Suburb: _____ Postcode: _____

Email: _____

Phone Home: _____ Work: _____ Mobile: _____

Are you interested in joining EAGLES OF PRAISE Christian Dance Team? _____

DISCLAIMER

I understand the School is not responsible for students before or after class.

Whilst I understand that all reasonable care will be taken by the teachers and staff, I accept full responsibility for any injuries incurred while attending classes. In the case of an emergency, I authorise teachers/staff to take any action deemed necessary.

I give permission for any photos or video taken in class or at our productions, to be used for any advertising or promotional material for Michelle Babicci School of Dance.

I agree to pay fees at the beginning of each term, unless other arrangements have been made.

I agree to give 2 weeks notice minimum if I or my child is unable to continue the following term, and I understand I will be expected to pay for that term if I don't.

I understand should I or my child attend more than one lesson and decide not to continue, there will be a charge for those lessons at the casual rate of \$15 Child or \$20 Teen / Adult for each lesson.

I will pay a once a year payment of \$15 for insurance & administration costs.

I have read / understand & agree to the above terms.

SIGNED: _____ Date: ____/____/____

If under 18 Parent or Guardian sign.

Rego Paid: Y / N

Method of Payment

Cash (please place in an envelope with student name & class/classes) receipt will be provided **Cheque** (Please write student name & class/classes on back of cheque)

EFT payments (Please provide proof of payment with student name on remittance)

Michelle Babicci School of Dance
BSB – 036080 Accounts – 421263
Reference - Rego

Please send to the following address
39 Mayflower crescent 6025 W.A

E-Mail : registration@michellebabiccischoolofdance.com.au
OR hand in at your next lesson

Fill this section out separately for each member in your family, who attends M.B.S.D

Student's Full Name:

Male/Female

Date of Birth_____/_____/_____

✓ **Please tick**

- ┆ Are you a New student
- ┆ Returning from the previous year

Does this student suffer from any illness or injuries that you think we should know about?

✓ **Classes** Please tick the class/classes for the above student to be enrolled.

MONDAY

- ┆ 4.00 Kids Mixed school years 1 -2
- ┆ 5.00 Teen/Adult Special Dance Senior

TUESDAY

- ┆ 3.45 The Next Step Fun Dance ages 4 - 5
- ┆ 4.30 Kids Dance school years 3 - 5 ages 8 - 10
- ┆ 5.30 Junior Jazz/Hip Hop & Expressive school years 5 - 8

WEDNESDAY

- ┆ 4.00 Junior Ballet age 6 - 9
- ┆ 5.00 Middle Ballet age 10+
- ┆ 6.00 Senior Ballet
- ┆ 7.30 Point Work Senior Ballet

THURSDAY

- ┆ 4.30 Acrobatics ages 8-15
- ┆ 5.30 Teen Jazz / Hip Hop High school years 8-up
- ┆ 6.30 Inter Jazz / Hip Hop

SATURDAY

- ┆ 10.00 First Step Fun Dance ages 3 – 4
- ┆ 10.45 Ballet Class TO BE CONFIRMED, CALL IF INTERESTED ON **0415 917 599**

Remember Take 5% off term fees total - if you attend more than one class, OR if more than one in a family attends M.B.S.D