

CAMBERWELL DISTRICT BALLET

ENROLMENT FORM

STUDENT DETAILS

SURNAME.....GIVEN NAMES.....

ADDRESS.....POSTCODE.....

TELEPHONE (HOME).....(MOBILE)

D.O.B.....AGE.....SEX.....

PLACE OF BIRTH.....NATIONALITY.....

PARENTAL DETAILS

SURNAME.....GIVEN NAMES.....

ADDRESS.....POSTCODE.....EMAIL.....

TELEPHONE (HOME).....(BUSINESS).....(MOBILE).....

ACCOUNT TO BE SENT TO.....Email.....

FEES INFORMATION ALL FEES ARE PAYABLE prior to commencement

Payment can be made per TERM (.....)

or per YEAR 5% discount(.....) only available if paid Feb. To Dec.

PLEASE NOTE: ONE TERM'S FEES WILL

I (PARENT).....would like to enrol the above named student and understand that i will pay CAMBERWELL DISTRICT BALLET any monies of default by my child.

SIGNED.....(SIGNED PARENT/GUARDIAN).....(DATE)

INDEMNITY PROVISION: I AGREE THAT Camberwell District Ballet accepts no responsibility whatsoever to any injury sustained by my child in the normal course of instruction in the studio or in outside performances with Camberwell District Ballet. I also authorise the school to obtain emergency treatment for any injuries sustained by students, however caused, whenever the academy at its discretion sees fit. I also agree to indemnify the school of any costs incurred in obtaining such emergency treatment for any injuries sustained by the students.

SIGNED.....(PARENT/GUARDIAN) DATE.....

Email:admin.rca@icloud.com Tel: 98825378 27-31 Camberwell Rd., Hawthorn East Vic. 3123

