

## **Makin Moves Dance Studio**

1 Summerhill Crescent Cumbalum nsw 2478

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ABN: 75 816 396 570

## **Student Enrolment Form 2024**

Students Name					DOB		
Age	Returning Student		YES		NO(new	student)	
Parent/Guardian	Informatio	<u>on</u>					
Name(s)							
Email Address							
Phone							
Postal Address							
Emergency Contact Person(someone other than listed above)							
Name			Phor	ie			
Relationship to the student							
CLASSES(please indicate the classes you would like to enrol in)							
Classical Ballet	C	ontemporary/Lyrical		Mir	ni Movers		
Jazz		Musical Theatre			So	lo Private	
Tap	Acro Dance/T		umbling		Du	o Private	
Hip Hop		lip Hop		Perfor	mance Team		
Student Medical Please list any medic be aware of.			at may in	npact cla	ss participa	tion or that we should	
A \$20.00 enrolment fee is due to complete enrolment. This fee covers insurances and administration costs. Please make sure you have read and understand all terms and conditions of enrolment. By signing this form you are agreeing to all terms and conditions of enrolment.							
Parent/Guardian Signature					Date		