

# Julie-ann Lucas School of Dance

## Enrolment Form 2017



Family been here before? Y / N \*

Name on Invoice \* \_\_\_\_\_

Address (no PO please) \_\_\_\_\_

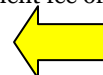
Suburb \_\_\_\_\_ PostCode \_\_\_\_\_

Print Invoice  OR Email Address for Invoice \_\_\_\_\_

### Payments

Invoices will be issued twice a term as per the 'Payment Dates 2017 form'. Initial payment is due on Enrolment. Makeup classes are available for any missed lessons within an enrolled term; they will **not** be credited from your account. Lessons for Public holidays will be rescheduled in week prior/following holiday. Enrolment is from Student Start Date until **END OF YEAR**. Please advise in writing/email if you want to cancel/change enrolment before the end of year to avoid being invoiced for unattended/incorrect lessons. A late payment fee of \$15 will be charged for any overdue fees. Printed invoices will be placed in studio pigeon holes for collection

Signature (payer) \* \_\_\_\_\_



Home Phone \_\_\_\_\_ (Email addresses to receive general correspondence)

Parent 1 Name \_\_\_\_\_ Email1 \_\_\_\_\_

Mobile \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Email2 \_\_\_\_\_

Mobile \_\_\_\_\_

Student Name \* \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Mobile \_\_\_\_\_ Email \_\_\_\_\_

Allergies/Alert \_\_\_\_\_ School/Kindy \_\_\_\_\_

**CLASSES** Please indicate classes required. \*

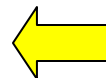
Day	Time	Class	Day	Time	Class
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Indemnity

I authorise Julie-ann Lucas School of Dance to seek appropriate medical attention in the event that the Participant is injured. I understand that the classes may be photographed for archival and marketing purposes. I agree to the above terms and conditions.

I agree to indemnify and release Julie-ann Lucas School of Dance and their teachers for costs in seeking medical attention for my child in 2017 being from: **Start Date** \* \_\_\_\_\_ to 31/12/2017.

Signature (parent/guardian) \* \_\_\_\_\_



### NEW STUDENTS only

Any Previous Training \_\_\_\_\_

Any Previous Exams \_\_\_\_\_

How did you hear about JAL Dance? \_\_\_\_\_

OFFICE ONLY: Roll Card Id# \_\_\_\_\_ Accounts

Date Entered

- For returning students when details have remained unchanged \*
- For PAYG classes eg. Mummy and Me *bold italics*
- Multiple children Family and Invoice Info once only