



# Julie-ann Lucas School of Dance

## Enrolment Form 2019

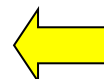
- For returning students when details have remained unchanged \* only
- For PAYG classes eg. Mummy and Me *bold italics* only
- Multiple children Family and Invoice Info once only

**Family been here before?** Y / N \*

Name on Invoice (payer)\* \_\_\_\_\_  
 Address (no PO please) \_\_\_\_\_  
 Suburb \_\_\_\_\_ PostCode \_\_\_\_\_  
 Email Address for Invoice \_\_\_\_\_

**Payments** I have read and understood the 2019 Fee terms/payment conditions, including class makeups, public holidays, rescheduled classes and cancellations. Only one invoice email address per family.

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



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

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

**Mobile** \_\_\_\_\_ Email1 will be used as the JALwebsite member's page login

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

Mobile \_\_\_\_\_

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

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

Allergies/Alert \_\_\_\_\_ Name of School/Kindy \_\_\_\_\_

**CLASSES \*** Note: 2 ballet classes required in term 4 for concert routine; all students in classes except acro & musical theatre expected for concert (including costume check and rehearsal days); please see website for exam prerequisites

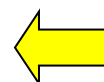
Day	Class name	Day	Class name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PTO  
for  
more

### 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 2019 being from: **Start Date \*** \_\_\_\_\_ to **31/12/2019.**

**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 \_\_\_\_\_ WebLogin \_\_\_\_\_  
 Date Entered \_\_\_\_\_  
 /Initial \_\_\_\_\_