



# Enrolment Form 2020

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

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

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

Home Phone \_\_\_\_\_ (Email addresses to receive general correspondence)  
**Parent 1 Name** \_\_\_\_\_ **Email1** \_\_\_\_\_  
Emergency Contact  
**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: all students in classes except acro & musical theatre expected for end of year concert (including costume check and rehearsal days)

Dance with me **day** \_\_\_\_\_ Acrobatics **age group(s)** eg. Acro**11** \_\_\_\_\_

Preschool **day am/pm** \_\_\_\_\_ Contemporary **age group(s)** eg. Cont**10** \_\_\_\_\_

Tinies **day am/pm** \_\_\_\_\_ Hip hop **age group(s)** eg. Hiphop**9** \_\_\_\_\_

Prejunior **day** \_\_\_\_\_ Musical Theatre **age group(s)** eg. MT**7** \_\_\_\_\_

**Jazz grade(s)** eg. Jazz**5** \_\_\_\_\_ Singing **age group(s)** eg. Sing**8** \_\_\_\_\_  
1 ballet classes required for exam Jazz2 and above

**Tap grade(s)** eg. Tap**3** \_\_\_\_\_ Eisteddfod **age group(s)** eg. **6&U** \_\_\_\_\_  
Age as at Jan1. Must do balletx2, jazz, tap for 8&U and above

**Ballet grade & day (s)** \_\_\_\_\_ Eisteddfod commitment form attached  
2 ballet classes required for exam and in term4 for concert routine

**Pointe day & times (s)** \_\_\_\_\_ Extension group eg. INT \_\_\_\_\_  
Must do Eisteddfod plus 5 classes and be 10+ at Jan1; no longer subject to invite only

**Number of classes per week**  Other classes eg. Pilates \_\_\_\_\_

**Payments** I have read and understood the 2020 Fee terms/payment conditions, including class makeups, public holidays, rescheduled classes and cancellations. Only one invoice email address per family.

**Indemnity** I authorise JAL 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 JAL Dance and their teachers for costs in seeking medical attention for my child in 2020 being from:

**Start Date \*** \_\_\_\_\_ to **31/12/2020. Signature (parent/guardian) \*** \_\_\_\_\_

**NEW STUDENTS only**

Any Previous Training / Exams \_\_\_\_\_

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

OFFICE ONLY: Date&Initial \_\_\_\_\_ Emailed ?/ Replied \_\_\_\_\_ Web Login \_\_\_\_\_  
 Roll Card Id# \_\_\_\_\_ Roll \_\_\_\_\_ Accounts \_\_\_\_\_

Class Program: \_\_\_\_\_ Ballet Surcharge: \_\_\_\_\_ Extension: \_\_\_\_\_ Weeks: \_\_\_\_\_

Eisteddfod: \_\_\_\_\_ Special Offers: \_\_\_\_\_ Shoes: \_\_\_\_\_ TOTAL