

Studio 453 DANCE SCHOOL Registration Form: 2010



1. STUDENT DETAILS

Started in Term: _____

Name _____ D.O.B ____/____/____ Age: _____ School Grade: _____

2. PREVIOUS DANCE EXPERIENCE:

0-6 Months	<input type="checkbox"/>	1-2 Years	<input type="checkbox"/>	2-3 Years	<input type="checkbox"/>	More than 3 Years	<input type="checkbox"/>
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Details: _____

3. CHOOSE CLASS

ARUNDEL-PARKWOOD STUDIO

WEEK DAY Classes	Day	
Tiny Tots (Ballet, Jazz)	Tuesday	<input type="checkbox"/>
Junior Dance	Tuesday	<input type="checkbox"/>
Junior Tap	Tuesday	<input type="checkbox"/>
Intermediate Jazz	Wednesday	<input type="checkbox"/>
Intermediate Hip-Hop	Wednesday	<input type="checkbox"/>
Intermediate Tap	Wednesday	<input type="checkbox"/>

COOMERA-OXFORD STUDIO

WEEK DAY Classes	Day	
All Boys Hip-Hop	Monday	<input type="checkbox"/>
Senior Tap	Monday	<input type="checkbox"/>
Senior Jazz	Monday	<input type="checkbox"/>
Senior Hip-Hop	Monday	<input type="checkbox"/>
Senior Ballet	Monday	<input type="checkbox"/>

SATURDAY Classes

Tiny Tots (Ballet, Tap, Jazz))	Saturday	<input type="checkbox"/>
Intermediate / Senior Contemporary	Saturday	<input type="checkbox"/>
Intermediate Saturday Hip-Hop	Saturday	<input type="checkbox"/>
Open Cheerleading	Saturday	<input type="checkbox"/>
Junior Dance (Jazz, Hip-hop)	Saturday	<input type="checkbox"/>
Open Musical Theatre	Saturday	<input type="checkbox"/>
Junior / Intermediate Ballet	Saturday	<input type="checkbox"/>

4. PARENT / CARE GIVER / MEDICAL INFORMATION

CARE-GIVER DETAILS

Parent/Caregiver 1:

Name: _____
 Relationship to Student: _____
 Street Address: _____
 Suburb: _____ Postcode: _____
 Phone: (____) _____ Mob: _____
 Eml: _____

Parent/Caregiver 2:

Name: _____
 Relationship to Student: _____
 Street Address: _____
 Suburb: _____ Postcode: _____
 Phone: (____) _____ Mob: _____
 Eml: _____

MEDICAL DETAILS

Please circle any special medical considerations:

Asthma Hearing Sight Low Muscle tone Diabetes Allergies

Details: _____

Other: _____

Doctors Name: _____

Clinic: _____ Phone: _____

HOW DID YOU HEAR ABOUT US ?

Referral	<input type="checkbox"/>	Letterbox Flyer	<input type="checkbox"/>
School Calendar	<input type="checkbox"/>	Vehicle Signage	<input type="checkbox"/>
School Newsletter	<input type="checkbox"/>	Web Search	<input type="checkbox"/>
Community Centre Flyer or Poster	<input type="checkbox"/>	Detail _____ Other	<input type="checkbox"/>

**Studio 453 may choose to select photographs or video of your child, with permission, for newsletters, web-site and publicity purposes.
 All information provided to Studio 453 dance school is true and accurate to the best of my knowledge*

Signed: (Parent/Caregiver 1):

Signed: (Parent/Caregiver 2):

x _____ Date: ____/____/____ x _____ Date: ____/____/____