



Footprintz Dance Academy
 C/- 23 Keppell Mews
 Rockingham WA 6168
 0411 521 594
 www.footprintz.net.au

ENROLMENT FORM 2010

New Enrolment Re-enrolment Changes to your contact details Y / N

Students Name: _____ D.O.B: _____

School Year: _____ Address: _____

Suburb: _____ Post code: _____

Ph: _____ Mob: _____

Email Add: _____

(Please print clearly)

Any medical conditions: _____

I wish to pay **FEES**: Per term Per week
 (see fees schedule) (Lessons missed must be paid for)

EXAMS: I would like my child to work towards sitting their appropriate exam(s) this year
 (see exam section for details)

DRESSMAKER: I will need the dressmaker to sew my costumes for the end of year
 Concert. (see costumes section for details)

PARENT ASSISTANCE: Are you able to help in the following areas: Sewing, Props,
 Canteen, Class Co-ordinating, (please specify) : _____

I/we give permission for _____ to attend the classes listed below. I/we understand
 they attend at their own risk and no responsibility will be taken for any injury incurred whilst in
 class, at the venue or travelling to and from. I/we understand that all fees must be paid in full
 including any recovery costs for outstanding fees.

Parent signature: _____ Parent(s) full name: _____

I wish to enrol in the following (please tick ✓)

	1 class	Jazz	Tap	Classical	Technique Class
Baby Boppers		-	-	-	-
Tiny Toes		-	-	-	-
Intro BJT Combo		-	-	-	-
Level 1/ 2 BJT Combo		-	-	-	-
Level 3 BJT Combo		-	-	-	-
Level <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	-				
Senior		-	-	-	-
Adult		-	-	-	-
Musical Theatre		-	-	-	-
Song & Dance		-	-	-	-
Acrobatic Class <input type="checkbox"/> A <input type="checkbox"/> B		-	-	-	-
Hip Hop Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		-	-	-	-

Office Use:
Insurance Fee
CL
Email
QU
EX

* Enrolment forms can be mailed to the above address with a cheque to secure your placement