

**THE CAPRICE SCHOOL OF BALLET ENROLMENT**  
**FORM 2019**

**ENROLMENT RULES:**

Every student must pay a \$40 enrolment fee. Students may not join a class without completion of an enrolment form. Term fees must be paid in full before a student can commence classes

**ENROLMENT DAY:** Thursday Jan 31st 2019 4- 5.45pm at Springers Leisure Centre.

**POST FORM AND ENROLMENT FEE IF UNABLE TO ATTEND:**

Mailing Address: 4/29 Brindisi St, Mentone 3194, Vic.

**ALL SECTIONS MUST BE COMPLETED.**

Student ( S ) ( 1 )-----

( 2 )-----

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Age & Date of Birth -----

Parent/Guardian's Name-----

Address----- Postcode-----

EMAIL  
ADDRESS-----

Telephone ( Hm )-----Work-----

Mobile-----

Emergency Contact (other than listed above )-----

Telephone-----

Medical Problems, Allergies or previous injuries-----

Academic School/Year Level-----

List all dance classes that students are enrolling for in 2019:

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**Please read the terms and conditions of enrolment on the reverse of this form.**

**Enrolment is for a full year. A commitment to Rehearsals and Photo Day is required upon enrolment. You will be expected to attend ALL concert related rehearsals, including a theatre dress rehearsal. The concert will take place in either November or December Dates TBA. Rehearsals/ Photo Days are held in November.**

Fees are due and payable before a student can commence classes. A costume hire levy will be added to your second term invoice. This levy is non refundable.

**There are no refunds or deductions for missed classes due to other commitments.**

I give my permission for photographs and video footage to be taken of my child. These images may be used on the school's website and official Facebook page for the purpose of promotional material only.

**I agree that I will not be granted backstage access at the annual concert unless I am wearing an official helpers badge and have been signed in as such. As an official helper I understand that I must assist children with costumes, hair and make up. I understand that I must obtain a Working With Children Check to work backstage.**

In the event of an emergency, illness or accident, where I cannot be contacted, I give the staff of The Caprice School of Ballet permission to refer my child to a doctor, ambulance or hospital.

**I HAVE READ AND AGREE TO THE TERMS OF ENROLMENT**

**Signature of Parent/Guardian:**

**Date:**