



# *The Caprice School of Ballet*

## **Enrolment Form 2024**

**Every student must pay a \$25 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.**

**Please complete all sections:**

Student (s) (1) -----

(2) -----

Age & Date of Birth -----

Parent/Guardian's Name -----

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

**EMAIL ADDRESS**

**PLEASE WRITE CLEARLY IN BLOCK LETTERS:** -----

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Telephone (Home) ----- Work -----

Mobile -----

Medical problems, allergies or previous injuries -----

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Academic School/Year Level -----

List all dance classes that students are enrolling for in 2024

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

Telephone -----

## Terms and Conditions of Enrolment

**Fees** are due and payable before a student can commence classes.

### **Concert, Rehearsals and Photo Days**

You will be expected to attend ALL concert related rehearsals, including a theatre dress rehearsal. The concert will take place in either late November or early December. Date to be advised.

A commitment to Rehearsals and Photo Day is required upon enrolment. Rehearsals and Photo Days are held in November.

I understand and agree that I will not be permitted backstage at the concert. This is a strict theatre policy. Students are supervised for the duration of the concert by staff of the ballet school.

I understand that my child must remain backstage at the theatre for the duration of the concert.

**A costume hire levy** will be added to your second term invoice.

**THE COSTUME HIRE LEVY IS NOT REFUNDABLE.**

### **Missed Classes**

**THERE ARE NO REFUNDS OR DEDUCTIONS FOR MISSED CLASSES DUE TO OTHER COMMITMENTS**

### **Photographic Release**

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.

### **Emergency, Illness or Accident**

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: \_\_\_\_\_