

ENROLMENT FORM FOR 2009



SURNAME: _____

CHILD1:
FIRST NAME: _____

CHILD 2:
FIRST NAME: _____

DATE OF BIRTH: ____/____/____

DATE OF BIRTH: ____/____/____

CHILD3:
FIRST NAME: _____

CHILD 4:
FIRST NAME: _____

DATE OF BIRTH: ____/____/____

DATE OF BIRTH: ____/____/____

MOTHERS NAME: _____ **FATHERS NAME:** _____

ADDRESS: _____ **SUBURB:** _____ **P/CODE:** _____

CONTACT NUMBERS: (HME) _____ (WRK) _____

(MOBILE) _____ (MOBILE) _____

EMAIL: _____

EMERGENCY CONTACT PERSON: _____

R'SHIP TO CHILD: _____

CONTACT NUMBERS (1) _____ (2) _____

Please note that the emergency contact person needs to be contactable during dancing hours!!!!
Does your child/ren suffer from any health problems that Danzart needs to be aware of?

ON THE BACK OF THIS FORM IS THE 2009 TIMETABLE. PLEASE TICK THE APPROPRIATE BOXES.

I/We _____ parent/guardian of the above enrolling child/ren
(Please Circle) give permission/do not give permission for Danzart to display photographs of the above child/ren for the web page or any other advertising or displays that Danzart requires.

Parent/Guardian Signature: _____