

BROOKE HENDERSON  
**DANCE STUDIOS**

2017/18 ENROLMENT FORM

STUDENT'S NAME:.....

DATE OF BIRTH: ..... AGE AS AT 1/05/2018: .....

PARENT/GUARDIAN:.....

POSTAL ADDRESS: .....

..... POSTCODE:.....

HOME TELEPHONE: .....

MOBILE PHONE- MUM: .....DAD:.....

PERSON RESPONSIBLE FOR PAYING ACCOUNTS (if different from above please include address and phone number):

.....

PARENT'S EMAIL ADDRESS: .....

**(Please type this clearly in BLOCK letters as invoices and newsletters will be emailed to this address, BHDS is paperless.)**

EMERGENCY CONTACT:.....

PHONE NUMBER: .....

FIRST AID: Due to government regulations we are unable to administer first aid without parental consent. In the event of an accident, would you like your child to receive first aid? YES / NO )please circle)

PARENTS NAME.....SIGNATURE.....

ALLEGIES OR ILLNESS: .....

By signing below you acknowledge that you have read and accepted the "BHDS terms and conditions of enrolment".

.....

PARENT'S SIGNATURE

.....

DATE