SILHOUETTE SCHOOL OF DANCE
WATERFORD

Enrolment Form 2010

Surname: _____

First Name: **1.**_____ **DOB:** _____

2._____ **DOB:** _____

3._____ **DOB:** _____

4._____ **DOB:** _____

Parent/Guardian Name: _____

Person responsible for paying dance fees:_____

Residential Address: _____

_____

Mailing Address: _____

_____

Phone: **1.**_____ **2.**_____

EMAIL: _____

Medical Conditions we should know about: _____

_____

Classes Attending: Please indicate no. per week

Ballet ☐ Tumbling ☐ Eisteddfod ☐ Tap ☐ Hip Hop ☐ Jazz ☐

Pre-dance Tue ☐ Sat ☐ Cheerleading ☐

Method of Payment: Term Fees ☐ Casual ☐

I **give** permission for group photographs to be posted on the official Silhouette School of Dance website or used in any other promotional or networking instance.
Please note that no names or any other student details will appear in relation to photographs.
By signing herewith I agree to the terms of trade, policies & conditions of enrolment. (available at the office on request)

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Signature of Parent/Guardian/Carer or
Student if over 18 years.

Data Input:

MYOB ☐
Excel Roll List ☐
E-group ☐

Registration Fee
Amt Pd:$_____ Date:_____