



**TODDLER BEATZ / LITTLE GROOVERZ
ENROLMENT 2019**

Student name:	
Sex: M / F	
Date of Birth:	
Address:	
Parent / guardian name:	Phone:
Email address:	
I would like to enrol my child in (please tick): <ul style="list-style-type: none">• Toddler Beatz (Saturday 8.30 – 9.00am)• Little Grooverz (Saturday 9.00 – 9.30am)	
What would you like your child to achieve this year by participating in this class?	
Payment option (please tick): <ul style="list-style-type: none">• \$40.00 (per 4 week block)• \$75.00 (per 8 week block)	
Please list any medical conditions that we should be aware of (this also includes significant past injuries): Is medication required? If yes, please list Name of Doctor and contact details:	
Conditions: <ul style="list-style-type: none">• I understand that it is a condition that full payment be made <u>prior</u> to the commencement of the lesson, otherwise the student will not be able to participate in the class.• In the instance that a student is absent, a refund will <u>not</u> be made, however if sufficient notice is given, the missed lesson will be taken off the next bill.• In the interest of preventing the spread of illness throughout the class, please exclude sick children until they are well again.	
Parent Signature: _____	



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IMAGE CONSENT AND RELEASE FORM – PHOTOGRAPHY AND VIDEO

I, the undersigned, consent to my child's image being taken and used and reproduced in any format.

I understand that the images may be used for the purposes of display, publicity and in promotional materials for DanceFX Entertainment.

I understand that any intellectual property, including copyright and image rights, which arises in the visual images belongs to DanceFX Entertainment.

Name of Student: _____

Date: _____

Signature of Parent /Guardian: _____

Parent / Guardian name: _____

Contact telephone: _____

Email: _____