



ENROLMENT FORM

Family Name: _____

Child's Name: _____

Address: _____ Postcode: _____

Date of Birth _____ Current Age: _____

Home Phone: _____ Work: _____

Mobile: _____ email: _____

Parents Name: Mother _____ Father _____

Emergency Contact:

Name: _____ Phone: _____

To whom should account be made out to: _____

Fees will be paid: _____ per month / per term

Medical Conditions: _____

Classes to be taken:

Tap Level: _____ Ballet Level: _____

How did you hear about 2Step Dance: _____

Name: _____

Signature: _____

Date: _____

Office Use Only:

Registration Fee: Paid _____ Chq / Cash _____