



ENROLMENT FORM – CHILDRENS CLASSES

First Name:		Surname:	
Parent's Name:		Relationship to child:	
Phone (h)	Phone (w)	Mobile:	
Email address:			
Address (street):			
Suburb:		State:	Postcode:
School Year Level:		Age:	D.O.B
Previous dance experience:			
Please list any medical conditions to be aware of:			
Emergency contact(s)			
Name (1):		Phone (1):	
Name (2):		Phone (2):	
Preferred class: (Please tick)			
<input type="checkbox"/>	5-7 year old - Beginner/Intermediate	Monday	4.15pm – 4.45pm (30 mins)
<input type="checkbox"/>	8-11 year old - Beginner/Intermediate	Monday	5.00pm – 6.00pm (60 mins)
<input type="checkbox"/>			
<input type="checkbox"/>	5-7 year old - Beginner/Intermediate	Saturday	2.00pm – 2.30pm (30 mins)
<input type="checkbox"/>	8-11 year old - Beginner/Intermediate	Saturday	2.45pm – 3.45pm (60 mins)
<input type="checkbox"/>	12-15 year old - Beginner/Intermediate	Saturday	4.00pm – 5.15pm (75 mins)
Comments/Requests:			
Amount Paid:		Type: cash/cheque	Balance:
Signature:		Today's Date:	

Enrolments and Enquiries – Contact Belinda Levy:

belinda@zoozdancing.com

Mobile: 0414 486 053

Postal address: 211 Were Street, East Brighton VIC 3187

<http://www.zoozdancing.com>