

DANCE 'N DAZZLE STUDIO - Enrolment **Details**

Name of Student:- _____

Birth Date:- _____ *Present Age:-* _____

Address:- _____

Phone Number/s:- _____ *Mobile:-* _____

Email Address:- _____ (newsletters will be sent to this address)

Parent name/s:- _____

Phone Work:- _____

** Please list any Medical conditions:- (e.g. Asthma)*

** Emergency Contact Person:-* _____

Phone:- _____

**I give permission for my child to be photographed/ filmed for the studio website or local newspaper*

Signed _____

** My child will be participating in the following classes:-*
