



ENROLMENT FORM

L'Ecole de Danse / 2024

NAME OF STUDENT:

DOB:

CLASS TO ENROLL FOR:

1)

2)

NAME OF PARENT/CAREGIVER:

ADDRESS:

EMAIL ADDRESS:

HOME PHONE NUMBER:

MOBILE PHONE NUMBER:

EMERGENCY CONTACT NAME & NUMBER:

Please record any medical conditions or special needs we should aware of, so we can teach more effectively and safely.

As parent/caregiver of the above student, I have read and hereby agree to all the terms and conditions as stated by L'Ecole de Danse.

Signed:

Date:
