

Enrolment Form



Child's name: _____

Gender: _____

Birthday: _____

Parents' names: _____

Medical conditions and allergies: _____

Primary contact: _____

Relationship: _____

Home phone: _____

Work phone: _____

Mobile: _____

Email: _____

Address: _____

Alternative contact: _____

Relationship: _____

Phone number: _____

Select a class

- Ducklings (18m-2.5yrs: 30mins) = \$150
- Penguins (3-4yrs: 30mins) Tuesday | Thursday = \$150
- Swans (4.5-6yrs: 45mins) = \$180
- Flamingos (6-8yrs: 45mins) = \$180
- Blue Jays Jazz (5-8yrs: 30mins) = \$150
- Ballet and Jazz = \$280

Annual enrolment fee \$25 (*Initial term only*)

\$ _____ (+\$25) **Total** = \$ _____

Payment



Please select your payment preference:

Cash

Direct bank transfer

Direct Bank Transfer

ING

Account name: Ms Laura McCormack

Bsb: 923-100

Account: 34523421

Please reference your payment with the enrolled child's full name and class.

Kindly email the payment receipt to lepetitballet.au@gmail.com

Cash Payments

Please enclose the payment in an envelope with the enrolled child's full name and class and give directly to Miss Laura.



By enrolling your child at Le Petit Ballet, you are enrolling for the full school year, continuing over the four terms. If you wish to withdraw your child at any time, please give reasonable notice in writing before the start of the next term. Fees are paid per school term and must be paid in full by the second week of term or within 10 days of enrolling.

No refunds will be given once the current term has started.

A late fee of \$20.00 per family will apply if fees are not paid by the due date.
Le Petit Ballet may discontinue service to students who have outstanding fees.

By submitting this enrolment, I agree to the following conditions:

I confirm that my child is in good health and can participate in dance activities.

I have identified all medical conditions and allergies on the enrolment form.

I confirm that I am aware there is some risk involved in all physical movements. Le Petit Ballet will take all reasonable steps to ensure the safety of students. I agree to release Le Petit Ballet of any liability if my child becomes injured while under the supervision of Le Petit Ballet. I give my consent for medical treatment in the case of an emergency.

I give permission for my child to be photographed during class and recitals. I understand that these photographs may be used for publicity and publications for Le Petit Ballet, including for on-line advertising. I will advise the studio in writing if I do not want photos of my child to be used publicly.

Full name printed

Signature

Date



We would LOVE to know how you heard about us.

If you were recommended by another Le Petit Ballet family member please tell us below.



[lepetitballet.au](https://www.lepetitballet.au)



lepetitballet.au@gmail.com



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