



WENDORFF
DANCING ACADEMY
ENROLMENT FORM



Surname: _____

First Name: _____ DOB: _____

Address: _____

Suburb: _____ Post Code: _____

Home Phone: _____

Mobile: _____

Email (PLEASE PRINT CLEARLY):

Parent/Guardian Names:

Pre Existing Medical Condition /Allergies:

Emergency Contact Name:

Relationship: _____

Emergency Contact Number: _____

CLASSES ATTENDING _____

I, _____ as parent/guardian of _____,

hereby agree to all the terms and conditions as set by WENDORFF DANCING ACADEMY and understand that no liability will be taken for loss or damage of property, or any physical injury caused whilst at WENDORFF premises. WENDORFF STUDIOS may use my name & photo in all marketing materials

Signature: _____ Date: _____
(Parent/Guardian to sign if under 18 years)

1. Full payment of fees must be paid by the first day of each term. All fees received after this date will incur a \$15 late fee. Fees not received by second week of term will result in students not being able to attend classes. No refund of fees will be given under any circumstances. Missed classes can be made up by the student attending additional classes in the scheduled timetable and only during the term missed.
2. RECEPTION is open in the office for the first two weeks of each term. Fees can be paid by direct deposit BSB 063 494 Account 10051099, EFTPOS, or credit card (1% surcharge applies) cheque, cash or paid into the drop box near the office door. Please clearly mark payment with your name.