



# ENROLMENT FORM

L'Ecole de Danse / 2025

NAME OF STUDENT:

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DOB:

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CLASS TO ENROLL FOR:

1)

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2)

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NAME OF PARENT/CAREGIVER:

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ADDRESS:

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EMAIL ADDRESS:

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HOME PHONE NUMBER:

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MOBILE PHONE NUMBER:

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EMERGENCY CONTACT NAME & NUMBER:

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

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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:

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