



2021 Enrolment

Nambour Studio:

5/15 Windsor Road, Burnside

PO Box 7628, Sippy Downs, Qld 4556

info@sunshinedancecentre.com.au

0412 638 986

In order to establish classes, it is necessary to determine the children who will be attending the school and their interests. Please fill in this form and return it as soon as possible. Class sizes are limited so reserve your place now.

Performance group work takes place in extra classes and is open to all children attending at least three classes per week. Stage experience and team work come together to improve the young dancer's ability. Children involved in performance groups are also invited to do solos, duos or trios at Miss Carman's discretion.

Students name: **Date of Birth:**

Address:

Home phone: **Mobile (parent):**

Year at school 2020: **Lui No. (Gr 10+):**

Email:

Mums name: **Dads name:**

Tick the classes you wish to attend:

- | | | |
|--|--|--|
| <input type="radio"/> Petit Pointers (2-3yrs) | <input type="radio"/> Come Dance With Me (4-5yrs) | <input type="radio"/> Musical Theatre |
| <input type="radio"/> Classical classes | <input type="radio"/> Jazz and tap classes | <input type="radio"/> Song and Dance |
| <input type="radio"/> Acrobatics | <input type="radio"/> Modern jazz exam class | <input type="radio"/> Tap exam classes |
| <input type="radio"/> Eisteddfod Group Work | <input type="radio"/> Eisteddfod solo* | <input type="radio"/> Eisteddfod duo/trio* |
| <input type="radio"/> Body Conditioning & Stretching | <input type="radio"/> Contemporary | <input type="radio"/> Adult Broadway |
| <input type="radio"/> Vocal Class with Karyn Clark | <input type="radio"/> Progressing Ballet Technique | |

** only available if doing Eisteddfod Group Work*

Indemnity

I hereby give permission for my child, or myself (if over 18yrs) to participate in dance classes. While all care is taken with students, I accept that classes are taken at our own risk and no responsibility is accepted by the dancing school. I understand that physical contact is required between the teacher and student to correct dance technique. In the event of a medical emergency where no parent can be contacted, I authorise the dance school to seek medical advice/attention for my child at a hospital or medical centre.

Name of Parent/Guardian:

Signed: **Date:**

Does your child suffer from any illness or disability that should be brought to the attention of his/her tutors? If so, please give details:

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Can your child's photo be used for promotion of the dance school? YES / NO

Notes will be sent via email or given out in class

