 **Sunshine Dance Centre**

**Nambour Studio:**

5/15 Windsor Road, Burnside

**Email:**

[info@sunshinedancecentre.com.au](mailto:info@sunshinedancecentre.com.au)

**Phone:**

0412 638 986

2024 Enrolment

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. All potential soloists must return this form and list preferred solos before th concert. All solos etc are taught over the Dec/Jan school holidays.

Student’s Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date of Birth: . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Postcode: . . . . . . . . . . .

Home Ph: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Mobile: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Year at school in 2024: . . . . . . . . . . . . . . . . . . . . . . . Lui number (Grade 10 + at school): . . . . . . . . . . . . . . . . .

Email: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Mum’s Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Dad’s Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Tick the classes you wish to attend:

**☐**Classical classes **☐**Jazz and Tap classes **☐**Song &Dance/Musical Theatre

**☐**Acrobatics **☐**Stretching and Conditioning **☐**Contemporary

**☐** Progressing Ballet Technique **☐** Sal’s Tech extend **☐** Lyra Classes

**☐** Eisteddfod Group Work **☐** SDC Elite Program (9yrs and over)

**☐** Eisteddfod solo\* **☐** Eisteddfod duo/trio\*

\* 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 or 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

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