



Student Registration Form

Student's Name	Date of Birth
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Mailing Address

Primary Phone	Phone 2
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Name of Person responsible for paying fees
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Primary Email Address

Primary Billing Phone

Medical

Allergies:

Will your child require any special medical attention during a normal class: (yes/no)

If yes – please explain:

Legal Release and Policy Acceptance

Please be aware that when enrolling your children, video footage and photographs may be taken throughout the year for keepsake purposes mostly, but may be used for social media and/or promotional purposes. You should also be aware of INDUSTRIE Performing Arts (IPA) fee structure, payment options, terms & conditions. This information is available to view on our website www.industriepa.com.au. When deciding if IPA is the dance school for you, please be aware that by signing this form you are aware of the commitment required, both financially and time-wise. You are committing to paying all costs associated with fees and/or costuming, any late fees or interest owing including any fees incurred with further action taken to recover associated costs. Please note IPA are allergy aware

Signature	Date
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Additional Info

Emergency Contact Name

Emergency Contact Phone

Is the Primary Contact on FB? YES/NO

Does your dancer have any previous experience (if yes - what/where)?
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Where did you hear about IPA? (eg social media, friends, etc)

Please list all classes you are Enrolling in
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****Admin Only****

<input type="checkbox"/> Recorded <input type="checkbox"/> Paid in full <input type="checkbox"/> On hold	Processed By:	Notes:
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