



Dance Avenue Enrolment Form

Child's name : _____

Child's D.O.B : _____

Parent's name : _____

Postal Address : _____

Email address : _____

Contact Number(s) : _____

I wish to enrol my child into the following class/es :

- Pre School Combo Tuesday / Thursday / Saturday**
- Kindy Gym Tuesday / Thursday / Saturday**
- Classical Ballet**
- Jazz**
- Tap**
- Acrobatics**
- Tumbling**
- Hip Hop**
- Lyrical**
- Contemporary**
- Musical Theatre**
- Private Lessons 15mins/30mins**
- Duo Lessons**
- Performance Classes**

I would like to enrol my child for tuition at Dance Avenue in 2024,
I understand the information provided regarding the fee structure and class
policies.

Parent / Guardian Signature