



# The Conlan College

## 2018 Enrolment Form

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_ (person responsible for account)

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_ (your invoices will be emailed to this address)

PLEASE TICK ALL CLASSES YOU ARE ENROLLING FOR AND RETURN TO THE STUDIO AT THE ADDRESS BELOW

<u>Ballet</u>	<u>Tick</u>	<u>Jazz</u>	<u>Tick</u>	<u>Contemporary and Other</u>	<u>Tick</u>
Twinkle Toes - 30 mins		ADi - Level 1		Introductory Contemporary	
Twinkle Toes - 45 mins		ADi - Level 2		Contemporary - Level 1	
Once a week		ADi - Level 3		Contemporary - Level 2	
Pre-primary		ADi - Level 4			
Primary		ADi - Prelude			
Grade 1					
Grade 2					
Grade 3				Adult Ballet	
Grade 4					
Grade 5					
Intermediate Foundation				Choreography Club - Grade 4 upwards	
Beginner Pointe				Repertoire - Inter-Found upwards	
Intermediate				Strength and Conditioning - Grades 3-5	
Advanced Foundation				Strength and Conditioning - Inter-Found	
Advanced 1/Advanced 2					
Intermediate Open Class					

### Private Lessons:

I request the following number of private lessons for 2018:

**Classical:** \_\_\_\_\_

**Contemporary:** \_\_\_\_\_

**Jazz:** \_\_\_\_\_

PLEASE NOTE: Whilst we do our best to accommodate private lesson requests, particular teachers, days and times cannot be guaranteed.



# The Conlan College

## 2018 Terms and Conditions

### Terms and Conditions of Enrolment

- All Term Fees are due on or before 1st class of term.
- All Fees are non-refundable. Missed classes can be happily made up in alternate classes.
- An administration charge of 10% will be charged on all accounts overdue unless prior arrangements have been made. Any costs of debt recovery must be borne by the parents.
- Please note that The Conlan College reserves the right to amend class times whenever necessary.
- A minimum of 24 hours notice is required to cancel a private lesson. Lessons not cancelled appropriately will be charged at usual rates.
- Private lesson fees must be paid on or before the day of the lesson. A 10% administration charge will be applied to any private lessons needing to be invoiced.
- Please notify The College if a student will be absent from class for any reason.
- One term's notice must be given in writing if discontinuing at The Conlan College, otherwise term fees will still be applicable for the following term.

Yes, I understand that all classes I have enrolled my child/self in will be paid in full as per The Conlan College terms and conditions noted above. I have also received a copy of these terms and conditions for my information.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# The Conlan College

## 2018 Emergency Contact and Medical Information

### EMERGENCY CONTACT (OTHER THAN PARENT):

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

### MEDICAL INFORMATION:

Medical Centre: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Telephone: \_\_\_\_\_

Private Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

### HEALTH INFORMATION:

Does your child suffer from any allergy or health condition? YES/NO If yes, please provide details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Symptoms to be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require immediate treatment or medication? YES/NO If yes, please provide details below and note that medication MUST be left with staff in case it is required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can your child self-administer medication? YES/NO

If not, do you give permission to any staff member to administer medication as noted above? YES/NO

In the event I cannot be contacted immediately following an emergency, I, \_\_\_\_\_ authorise for an ambulance to be called in the case of an emergency, all medical and surgical treatment, X-ray, laboratory, anesthesia and other medical and/or hospital procedures may be performed or prescribed by the attending physician and/or paramedics for my child and I waive my right to informed consent of treatment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# The Conlan College

## 2018 Releases

### Parent Release Form for Photography and Videography

I, the undersigned, give permission for The Conlan College to use video footage and / or photographs of my child/ward, \_\_\_\_\_. This usage may include (but is not exclusive to) displaying publicly, distributing, or publishing, photographs, and/or video of my child for use in materials that include, but may not be limited to:

- printed materials (eg - brochures and newsletters)
- online and offline advertising and promotion
- videos and digital images such as for use on Social Media.

By signing this form, I acknowledge that I am giving unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by for a variety of purposes and that these images may be used without further notification. I do understand that any identifying information including surname and location will not be used in conjunction with any video or digital images.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### Health Information and Medical Release/Waiver Form

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, acknowledge that participation in dance is potentially dangerous and there is an inherent risk of injury involved.

In allowing my child to participate in The Conlan College activities, I hereby assume all the risks associated with the performing arts. I understand the importance of myself and my child following the instructions and rules set by their teacher/s, and I agree to release The Conlan College and it's employees of any and all liability which may arise as a result of my child's participation in activities at The Conlan College.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_