

Makin Moves Dance Studio

1 Summerhill Crescent Cumbalum nsw 2478

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ABN: 75 816 396 570

Student Enrolment Form 2022

Students Name					DOB		
Age	Returning Student		YES		NO(new	student)	
Parent/Guardian	Informatio	<u>on</u>					
Name(s)							
Email Address							
Phone							
Postal Address							
Emergency Contact Person(someone other than listed above)							
Name			Phor	е			
Relationship to the student							
CLASSES(please	indicate the	classes you	would	ike to e	nrol in)		
Classical Ballet	C	ontemporary/Lyrical		Mir	ni Movers		
Jazz		Musical Theatre			So	lo Private	
Tap	Acro Dance/		umbling		Du	o Private	
Hip Hop		lip Hop		Perfor	mance Team		
Student Medical Please list any medic be aware of.			at may in	npact cla	ss participa	tion or that we should	
costs. Please make s signing this form you	sure you have u are agreeing	read and und	erstand a	all terms	and condition enrolment.	nces and administration ons of enrolment. By	
Parent/Guardian Signature					Date		