

NEW STUDENT ENROLMENT



Thank you for choosing to enrol your child for ballet lessons with Charmaine's School of Ballet! Please complete the form below to ensure that I have all the necessary details for your child's participation.

WHERE DID YOU HEAR ABOUT CHARMAINE'S SCHOOL OF BALLET?

Google: Word of mouth referral:

STUDENT INFORMATION

Full name:

Date of Birth: (DD/MM/YYYY): / /

Gender: Male Female Previous ballet school (if any):

PARENT / GUARDIAN INFORMATION

Mother's name: Cell phone number:

Father's name: Cell phone number:

Email address:

Home address (suburb only):

EMERGENCY CONTACT INFORMATION - IF THE THE ABOVE NUMBERS ARE UNAVAILABLE

Emergency contact name:

Relationship to Student: Phone Number:

MEDICAL INFORMATION

To ensure the safety and well-being of all students, please provide any relevant health information.

Does the student have any allergies or medical conditions? yes No

If yes, please provide details:

LIABILITY WAIVER AND CONSENT

Participation in physical activities like ballet may involve some risk. By signing below, you acknowledge and accept these risks and agree to release Charmaine's School of Ballet, its staff, and instructors from any liability for injuries or losses incurred during classes.

I, the undersigned, agree that Charmaine's School of Ballet and its staff will not be held responsible for any personal injury, illness, or property loss during my child's participation in ballet lessons. I also give permission for emergency medical treatment to be administered if necessary.

Signature of parent /guardian: _____

Date: / /

PHOTOGRAPHY AND MEDIA RELEASE

From time to time, Charmaine's School of Ballet may take photographs or videos during classes, at Eisteddfods and at Concerts for marketing or social media purposes. Please indicate whether you consent to the use of your or your child's image for these purposes.

- Yes, I give permission for Charmaine's School of Ballet to use photos or videos of the student for promotional purposes.
- No, I do not give permission for Charmaine's School of Ballet to use photos or videos of the student for promotional purposes.

Signature of parent /guardian: _____

Date: / /

In conclusion, please sign and date the acknowledgement below.

I, _____, the parent/guardian of _____ have confirm that the above information provided is correct, and that I have the authority to enroll the student at Charmaine's School of Ballet, and to give the above consents. I have also read the school's information pack and understand and accept the rules and payment conditions described therein.

Name of parent /guardian: _____

Signature of parent /guardian: _____

Date: / /

Thank you for completing this form! Please return it to Charmaine's School of Ballet via email at charmballet@live.za or charmaine@schoolofballet.co.za. If you have any questions, feel free to contact me by email or call / WhatsApp on 073 390 2645.