

ENCORE

performing arts studio

Name: _____ Date of Birth: _____

Address: _____ Postcode: _____

Home Phone: _____ Email Address: _____

Name of Parent/Guardian: _____ Name of Parent/Guardian: _____

Mobile Number: _____ Mobile Number: _____

Place of work: _____ Place of work: _____

Work Number: _____ Work Number: _____

Date of enrolment: _____ Student mobile (where applicable): _____

I _____ give permission for my child _____ to be used in promotional material e.g. Photos, Website, Newspapers. Names will be included.

Where did you hear about us? _____

Please list any allergies or medical conditions you wish us to be aware of: _____

Please list any learning disabilities or social requirements: _____

Classes enrolled in: _____

Date of first lesson: _____

Comments: _____

Accident: In the unlikely event of an accident, mishap or illness during my Child's participation at Encore, I _____ hereby give permission to seek medical intervention, I understand that these services will be sought at my expense and as deemed necessary and/or appropriate by Encore Staff.

Fee Policy: Terms and fees must be paid in full by the first two weeks of each term with the exception of new students and those that have made alternative payment arrangements with the office staff. Term fees are NOT refundable. In the event that the term fees are not paid, and the debt is handed over to an external debt recovery agency, all const incurred by Encore in doing so will be passed in the form of additional fees.

Student Absence: Please note that the group tuition can NOT be made up or refunded; however students are welcome to join another class later in the week. Every effort will be made by staff you make up private tuition where reasonable notice has been given. This cannot be guaranteed and should not be an expectation.

Staff absence: A replacement teacher will be used where possible. This may include student teachers. If this is not possible, students will be offered a makeup lesson. Credit of fees will only be given in the event of staff and student not being able to arrange a mutual time for makeup lesson. (Please note this only applies for private students).

I have read and understand the policies listed above.

Name: _____ Signed: _____ Date: _____