JRDS ENROLMENT FORM

STUDENTS NAME_____**DOB**_____

ADDRESS_____

POSTCODE_____

BILLING INFORMATION

EMAIL (We will be emailing account out to address below)

NAME_____

ADDRESS_____**POSTCODE**_____

PH(HOME)_____

PH (WORK)_____**MOB**_____

I wish to enroll in the following classes:

CLASS_____

DAY_____**TIME**_____

CLASS_____

DAY_____**TIME**_____

CLASS_____

DAY_____**TIME**_____

CLASS_____

DAY_____TIME_____

Are there any medical conditions we should know about?

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I/We give permission to take my child to the nearest hospital for medical attention or call an ambulance if the need arises. Ambulance charges would be at your own expense.

I/We give permission to use photos on the Studio website or for advertising of Studio.

I/We will email or provide written notice to JRDS office if you wish to discontinue lessons.

I/We acknowledge that no class or family discount applies if the Term invoice is not paid by the end of Term.

I/We acknowledge that a $20 late fee will be charged if Term fees are not paid by end of Term.

Care is taken in all classes conducted concerning safety and children's welfare but no responsibility will be accepted for any injury or sickness incurred by the student while attending classes or traveling to or from class, or any expense incurred for the same.

Please sign **Parent or Guardian** _____

PLEASE PRINT NAME AFTER SIGNING _____