



ENROLMENT FORM 2017

STUDENTS NAME:
STUDIO ATTENDED (Please circle): B/Vale Terrigal Narara
DATE OF BIRTH:
E-MAIL:
PHONE: Mobile:
CLASSES ATTENDED:
MEDICAL CONDITION: Does your child have any medical condition that our teachers need to be aware of? _____ If so, please inform your class teacher directly.
STUDENT CODE: It is important that all children at Marni's studio understand that we have a no tolerance policy when it comes to bullying or disrespect for other classmates or teachers. All teachers and guest teachers must be treated with respect and courteous behaviour. We have three strikes and you're out attitude when it comes to inappropriate behaviour. If you or your child are having any issues, you must not speak directly to the other child, you must call Marni or speak with your class teacher to sort this out. We in turn will treat you with same respect and courtesy. (Please read and explain the above to your child.)
PARENT OR PUPILS SIGNATURE: - _____
PHOTOGRAPHY DISCLAIMER: Please note, your child may be photographed or videoed during a class or performance for Marni's Studio website/instagram/facebook or advertising. No names will be used, photographs only. If you DO NOT want your child photographed or videoed please sign below. If you are ok with the above, please just leave it blank. I DONOT GIVE PERMISSION FOR MY CHILD/REN TO BE PHOTOGRAPHED OR VIDEOED. SIGNED: _____ DATE: _____
DISCLAIMER: I understand that the upmost care is taken in looking after my child/children during classes; Due to dance being a physical activity I accept that classes at Marni's studio Of Performing Arts are taken at own risk. SIGNED: _____ DATE: _____
<i>THANK YOU FOR TAKING THE TIME TO FILL OUT THIS FORM. PLEASE SPEAK TO ME IF YOU HAVE ANY QUESTIONS OR QUERIES...MOST OF ALL ENJOY YOUR TIME AT MARNI'S STUDIO....ENJOY YOUR CLASSES, TEACHERS AND THE FUN WE WILL HAVE THIS YEAR! MISS MARNI</i>

