

Enrolment Form 2025

Student Name: _____

Age and DOB (as of the 1st of January 2025): _____

Parent/guardian Name: _____

Address: _____

Phone: _____

Email: _____

Classes:

| Age group | Genre (Jazz, Tap, Contemporary, Acro, Ballet) | Day and Time |
|-----------|---|--------------|
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Any allergies or health conditions that I should be made aware of:

Any additional information or private lesson requests:

I confirm that I have read and understand the enrolment information/policies document for 2025 (please tick):

I confirm that I have completed the Photography & Video Permission form, and if my consent is given, I will attach this form with this enrolment:

Parent/ Guardian's Signature:

Date:

Photography & Video
Permission Form
2025

I, Parent/Guardian Name: _____

The Parent/ Guardian of: _____

give permission for my child's photographs or video taken as part of *Lilly's Dance Academy's* classes, to be used now or in the future for the purpose of external communication, including advertising and marketing as well as posted on the service's Social Media Account(s) including Facebook, Instagram and the *Lilly's Dance Academy Website*, lillysdanceacademy.com.au.

I understand I can withdraw the above consent at any time by advising *Lilly's Dance Academy* in writing.

Parent/guardian Name: _____

Student Name: _____

Address: _____

Parent/Guardian's Signature:

Date: