


# carabelle



# SCHOOL OF DANCE

## enrolment form

ABN: 83789287418

**PLEASE FILL IN AND RETURN WITH THE ENROLMENT FEE OF  
\$35.00 per child**

**BSB 063 014 ACC 1100 1728**

This administration fee covers each student per year with dance insurance, ARIA, PPCA, AMCOS & APPRA licenses which are payable, per student each year. (This is non-refundable)

NAME OF STUDENT: \_\_\_\_\_

DANCE CLASS, TIME & DAY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

P/C \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ MOBILE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENT NAMES: \_\_\_\_\_

Previous injuries/ailments (e.g. hearing problems, asthma, allergy) : \_\_\_\_\_

I understand that I am responsible for fees and those fees are to be paid within the first two weeks of each school term. If fees are not paid within this time, 10% will be invoiced on the total amount. I also give my permission for pictures used of my child performing in the concert, class work or assessment, maybe used on the CaraBelle Website and/or for the purpose of CaraBelle School of Dance promotional material only.

Doctor's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

In the event of an emergency – illness or accident, where I cannot be contacted,  
I give the staff of CaraBelle permission to refer my child to a Doctor or Hospital.

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian Student if over 18 yrs of age.

*Ms Alba Romero*

Postal Address: 103, 260 City Rd Southbank, 3006 Phone: 0415 926 440 Email: [alba@carabelle.com.au](mailto:alba@carabelle.com.au)

[www.carabelle.com.au](http://www.carabelle.com.au)

