

When is a good time to enrol?

Term 1 and Term 3 are the best times to start at Kallista Dance Academy (KDA).

During Terms 1 and 2 we work on routines that are performed at our Mid Year Concert in June. We then start new dances in Term 3 for our End of Year Performance in December.

We take minimal enrolments in Term 4. This is due to our end of year concert preparations.

We take enrolments for our FitFun classes at any time of the year as they are non- performance based classes.

## How do I enrol?

By Mail

* Fill out the enrolment form below (one for each student)
* Fill out the Medical Consent and Photographic and DVD Permission Slip below (one for each student)
* Sign the Medical Consent and Photographic and DVD Permission Slip
* Post forms and $13 enrolment fee for each student to the Academy:

Kallista Dance Academy

PO Box 2323

Blackburn South 3130

By email

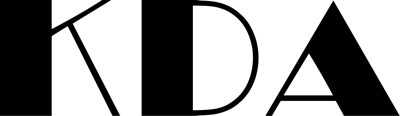
* Download and fill out the enrolment form, Medical Consent and DVD Permission Slip (one for each student)
* Email Forms to [info@kallistadance.com.au](mailto:helenspurr1@optusnet.com.au)
* Direct Deposit the $13 enrolment fee to the following Bank Account
  + BSB – 193 879
  + Account Number – 003781009
  + Account Name – Kallista Dance Academy
  + Description of Payment –<Family name>-Enrol Fee

## What’s Next?

Once your enrolment details have been received, confirmation of your enrolment and a Tax Invoice will be sent to you either by email (Please check your junk mail if you do not receive one) or by post depending on the option chosen on your enrolment form.

If you have any questions regarding classes for 2018, please do not hesitate to contact us

* Via email [info@kallistadance.com.au](mailto:helenspurr1@optusnet.com.au) (preferred method of communication)
* Or the office phone 9894 3265.



2018 Enrolment Form

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

PARENT/GUARDIAN NAME/S: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

POST CODE: \_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBERS: 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Would you prefer your invoice to be emailed to you? Y / N (Please circle or highlight)

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

DISABILITIES/ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are Anaphylactic, Diabetic or suffer from Asthma please forward your Health Management Plan (the same forms that are required by kindergartens and schools) to the office with your enrolment form

I wish to enrol at the Blackburn / Monbulk studio (Please circle or highlight) in the following classes:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Class Description | Day of Week | StartTime | Finish Time | Class Duration |
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|  |  |  |  |  |

Total Hours/mins per week (excluding VCE VET Dance) \_\_\_\_\_\_\_\_

# $13 ENROLMENT FEE PAYMENT:

# Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Payment Method: Cash / Internet Banking / Credit Card / Cheque

# FOR NEW STUDENTS ONLY

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

How did you find out about Kallista Dance Academy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Have you danced before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Yes, please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Medical Consent

Where the teacher in charge is unable to contact me, or where it is impracticable to contact me, I authorise the teacher in charge to 1) consent to any medical or surgical attention deemed necessary by a medical practitioner, and 2) administer such first-aid as the teacher in charge judges to be reasonably necessary.

To provide consent, please sign below or if online application type your name.

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Photographic and DVD Permission Consent

The privacy laws require us to have the specific permission of parents if we are to publish student photographs in the Term newsletters or brochures whose purpose is to advertise the school to prospective students and their parents.

We need separate permission from you to publish photographs on our school’s homepage on the internet ([www.kallistadance.com.au](http://www.kallistadance.com.au)).

Finally, student photographs are sometimes published in the press as part of advertisements for the school or accompanying an article outlining the achievements of the student, a group of students or the school. Students will be identified by their first name only unless the story and photograph highlight individual achievements. We would seek specific permission for a press photograph.

I agree to my child’s image being published in:

The term newsletters and publicity material Yes/No

The term newsletter published on the internet Yes/No

The Dance school’s website Yes/No

Dance School produced DVD’s/Videos Yes/No

Dance School produced class photographs Yes/No

(Please circle or highlight your preference)

Please note that all of our performances throughout the year (The Mid Year Display, End of Year Concert etc) are professionally filmed and are available for purchase by all families within the school.

Please contact the office if you have any concern related to a privacy issue

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I agree to the Terms and Policies outlined within the 2018 General Information booklet. <http://www.kallistadance.com.au/general-information/>

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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