



DANCE GROUP REGISTRATION FORM

2018



Student Surname:	Student First Name:
Parent/Carer Name	Contact No:
Current parent email: (To be used for Communication)	Student email:
<u>Relevant medical information:</u>	Year: 7 8 9 10 11 12
Emergency Tel. No. and Name:	Dance Teacher Mrs Cathy Hansell catherinemhansell@gmail.com 0419 982 316

No supervision is provided before or after Dance Group.
All students are to leave the College immediately after Dance and make their own way home.
Completed registration form and payment method confirmed before place offered.

\$10 Per Session—Payable per term

Term 1 Weeks 7 \$ 70 Paid DD/ Cash/Chq

Term 2 Weeks \$ Paid DD/ Cash/Chq

Term 3 Weeks \$ Paid DD/ Cash/Chq

Term 4 Weeks \$ Paid DD/ Cash/Chq

Please circle method of payment

I understand payment is required for the full term. Any changes to a student attending classes need to be discussed directly with Ms Hansell prior to registration. No credits, make up classes or refunds are provided for missed lessons.

Name of Parent/Carer: _____ Signature: _____

I agree to attend all classes and to participate to the best of my ability.

Name of Student: _____ Signature: _____

Please return signed registration form and Cash or Cheque (made out to Ms C Hansell) to Mrs Margaret Kellendonk in the College Library. Direct Debit payments are accepted and preferred See Details →

Every effort will be made to accommodate all students however places are limited and given on a “first come first served basis”.

Payment can be Cash, Cheque or Direct Deposit
Name: Catherine Hansell
BSB: 06 2157 Account #: 1014 1973
Ref: Student Surname