



2014 Re-enrolment Form

ABN: 67 668 696 279

Child's Name _____ Date of Birth _____

Parent's Name _____

Adult participating _____ Date of Birth _____
Petite Ballerinas {Dance with me} class

Address _____

Postal Address _____

Home Phone _____ Mobile _____

Email Address _____

I am happy for Little Ballerinas to contact me via this email address Yes / No

Classes - please tick

- ☐ Fairy Ballet
- ☐ Petite Ballerinas {Dance with me}

Location - please tick

- ☐ Como
- ☐ Cronulla
- ☐ Engadine
- ☐ Gynea
- ☐ Hurstville
- ☐ Kogarah
- ☐ Kogarah Bay/Ramsgate
- ☐ Lugarno
- ☐ Menai
- ☐ Miranda
- ☐ Mortdale
- ☐ Oatley
- ☐ Sutherland
- ☐ Sylvania

Day and Time: _____

**If wishing to change
days/time/progress up from Petite
Ballerinas: (Look at Timetable)**

Current class: _____

1st Preference - _____

2nd Preference - _____

Tutus

Do you require a new tutu at the start of next year?

If YES, Size = S, M, L, XL _____

A little more detail

Additional Emergency Contact

Name _____

Mobile _____

Has the student /adult participating any medical condition or allergies that Little Ballerinas needs to be aware of? _____

If yes, details: _____

Payment - \$20 Annual Registration Fee

☐ Direct deposit to the Little Ballerinas account

This needs to be signed and payment received, for this re- enrolment to be processed.

Signature _____

Print Name _____

Date _____