

**QUEENSLAND DANCE CENTRE
ADULT ENROLLMENT FORM**



STUDENT INFORMATION

About you:

Family Name:

Given Names:

Date of birth (optional):

Age (optional):

Gender:

Current address:

Email:

Mobile:

Messaging Service:

PREVIOUS DANCE TUITION

Please identify if you have had any previous dance tuition.

Past School:

RAD Candidate Number:

HEALTH INFORMATION

Please identify if you have any of the following health issues.

Asthma:

Heart:

Epilepsy:

ADHD:

Allergies:

Other:

If other, please give more details:

Do you require an Epi-Pen?

Epi-Pen required:

Do you self-administer any medication?

Details of any self-administered medication:

MARKETING

From time to time, QDC may send emails to inform you of events, special offers and the like.

Please add me to your mailing list:

MISCELLANEOUS

Please identify anything else that QDC should know:

SIGNATURES

Information on this form is collected and retained according to QDC's policies, which are available at <http://qdc.dance/QDC/policies/policies.php>.

Sign and date to indicate that you have read and understood Queensland Dance Centre's policies and wish to enroll.

Student:

Date:

FOR OFFICE USE ONLY

Date Enrolled:

Course:

Fee:

Discount Applied:

Student No.:

Enrolling Staff:

Enrollment Date:

