



# Werribee Dance Academy

## *-Enrolment Form-*

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

Address: \_\_\_\_\_  
\_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone No: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

    Contact No: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

    Contact No: \_\_\_\_\_

Emergency Contact  
Name: \_\_\_\_\_

    Contact No: \_\_\_\_\_

Doctors Name: \_\_\_\_\_

    Contact No: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Medication: \_\_\_\_\_  
\_\_\_\_\_

Please advise of any custody or court orders relating to the care of your child/ren. This is relevant with regards to who will be dropping off/picking up your child/ren.

In the event that I cannot be contacted I authorize the Werribee Dance Academy to authorize medical treatment as deemed necessary on my behalf.

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