



ENROLMENT FORM

Date:

LEARNER

Name of Learner :

School Grade :

Postal Address :

School:

Physical Address :

Learner's Cell (if applicable) :

Any Important Information to Note e.g. Allergies, Special Needs, etc:

PARENTS & GUARDIANS

Parent 1 Name :

Parent 2 Name :

Parent 1 Phone Number :

Parent 2 Phone Number:

Contact E-mail :

Emergency Contact :

ACCOUNT INFORMATION

DRAMA FEES PAYABLE:
(PER TERM)

R _____

Lesson Selection (please circle):

1/2 HR 3/4 HR 1 HR

Person Responsible for Account:

Location (School or Studio):

Identity Number of Person Responsible for Account:

Contact Number:

Full Name :

Email Address for Account Notifications:

TERMS + CONDITIONS

I understand that the relevant fees are due within two weeks of the commencement of the term / first attendance by learner at a lesson. (In the case of split responsibility for fee payment, ALL persons responsible for the payment will complete this form and be subject to the same terms and conditions).

I understand that if fees are not paid as required above, then the learner will not be allowed to attend lessons until such time as fees are paid in full.

I accept that 10% interest per month will be levied on all outstanding fees and that I will be responsible for any collection fees which may be levied should the matter be handed over for collection.

I understand that in the event that a learner cannot continue with lessons, then one term's notice is required, failing which the fees for the term will become due and liable within two weeks of the commencement of said term.

I understand that in the case of a lesson cancellation by the teacher, the learner will be able to make up the said lesson at any other time. No refunds will be entertained when a learner fails to attend a scheduled lesson due to their inability to attend due to Dance Festival commitments, vacations, or other school commitments. There are an average of 8 to 9 lessons per term, but some terms are a bit longer.

I hereby indemnify the studio against any claim which may arise from any injury or loss that may occur while the above learner attends lessons, rehearsals, performances, etc. The Studio will take all reasonable efforts to ensure the safety of the learner while attending such activities.

I agree to these terms and conditions and I take full responsibility for the timeous settlement of all fees.

PLEASE NOTE: The Studio uses social media to advertise productions as well as the studio. Please indicate whether or not we are able to use photos of your child on these platforms.

You have permission/You DO NOT have permission to use photographs of my child on social media (Please cross out what is not applicable).

Signature of Parent:

Date:

PAYMENT INFORMATION

BANK ACCOUNT:

S Rother
FNB Cheque Account
Branch Code: 211417
Account Number: 62013612602

PLEASE SEND PROOF OF PAYMENT TO:

gavin.rother@gmail.com