

ENROLMENT FORM

Age:	Student	Nā	ame:	••••			••••	•••••	
Parent email address:	Age:	• • • • •	D.O.B	••••	/	/			
Parent email address:	Address	· · · · · ·	•••••				••••	•••••	
Medical conditions/allergies:	Parent r	nan	ne:	••••	• • • • • • • •	Numb	er:		
How did you hear about us?:	Parent 6	ema	ail address:	••••		•••••	••••		
Would you like to pay UP FRONT or via EZIDEBIT?:	Medical	СО	nditions/all	er٤	gies:		••••		
Please tick the classes you would like to participate in. Jazz	How dic	l yc	ou hear abo	ut	us?:	•••••	••••	•••••	
Please tick the classes you would like to participate in. Jazz	Would y	′ou	like to pay	UP	P FRO	NT or via EZIDEBI	T?:		
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I give permission for A-Live Performing Arts to use any photo/video footage taken at or in connection with performances, classes or appearances representing 'A-Live Performing Arts Centre' of my child/ward for promotional and marketing purposes. These images could be but are not limited to A- Live Performing Arts media pages and website. I also understand and except that the A- Live studios are monitored and recorded by surveillance cameras for the safety of all clients and staff. I have also read and agree to abide by all terms listed on the A-Live	Please tic	K L	ie ciasses you	. VV	ouia ii	ike to participate iii.			
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