



Whitsunday Dance Connection

Jenny Featherstone
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Dance Teachers/Choreographers

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ENROLMENT FORM 2023

STUDENT DETAILS

Surname: _____ Given Name: _____

Age: _____ D.O.B: _____

Classes to be enrolled: _____

Mother's Name: _____ Father's Name: _____

Address: _____

Mailing Address: _____

Email: _____

Home Phone: _____ Work Phone: _____

Mother's Mobile: _____ Father's Mobile: _____

Hobbies & Interests: _____

Expectations of dance for your child: _____

MEDICAL HISTORY

Briefly state child's medical condition (e.g., asthma)

Parent's Signature: _____