



Steps 2 Stardom

Performing Arts Academy

2010 New Student Registration Form

Students Name: _____ Age: _____ Date of Birth: _____

Address: _____

Suburb: _____ Post Code: _____

Email Address: _____

Home Phone: _____ Mobile Phone: _____

Parents Names: _____

IN THE CASE OF AN EMERGENCY

CONTACT NAME: _____ Phone: _____

Please list any food allergies or health issues: _____

Please list other Siblings enrolled or enrolling at S2S: _____

	Tick	<u>Grade / Level</u>	<u>Days</u>	<u>Ambarvale or Narellan</u>
Pre-Schoolers		N/A		
3 – 8yrs Music & Rhythm				Ambarvale
Ballet				
Tap				
Jazz				
Modern				
Hip-Hop				
Adults Class				
Acro / Tumbling				Narellan
Fun Cheerleading		N/A		Narellan
Trampoline				Narellan
Singing Private Lesson		N/A		Ambarvale
Piano Private Lesson		N/A	Friday	Ambarvale
Drama				Ambarvale
S2S Fun Glee Club				Ambarvale
Extension Tap				Ambarvale
<u>Classes by invitation only:</u>				
Competitive Cheerleading				Narellan
Acro Performance Team		N/A	Tuesday	Narellan
S2S Troupe				Ambarvale
S2S Performance Glee Club				Ambarvale
Dance Private Lesson		N/A		Ambarvale

<u>How did you hear about S2S?</u> You can tick more than one box	
Newspaper	<input type="checkbox"/>
Pamphlet	<input type="checkbox"/>
Yellow Pages	<input type="checkbox"/>
Friends/Family	<input type="checkbox"/>
Driving Past	<input type="checkbox"/>
Website	<input type="checkbox"/>
Other	<input type="checkbox"/>

<u>Fee Totals</u>
<i>Standard Classes</i>
Total Hours
=
Cost: \$
Other Class Costs
\$
\$
\$
<u>TOTAL</u>
= \$

I have received and read a copy of the 2010 S2S Rules and Conditions booklet and agree to follow these rules. Once enrolled, all classes at S2S must be paid for, regardless of attendance. Credit will only be given if a Doctors Certificate is sited (Ladies class is an exception to this rule). 1 weeks written notice is needed if changing or discontinuing classes.

<p>Registration Fee \$25 per person or \$45 per family Optional Awards Fundraising Levy \$20 per student</p>	<p>Office use only:</p>
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Signed: _____
Date: _____