



Studio Space Performing Arts Application

Student Details	
Surname _____	First Name(s) _____
Date of Birth _____	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
Tele _____ (M)	_____ (H)
Address _____	
Email _____	Name of School Attending _____

Parent/ Guardian Details	
Surname _____	First Name(s) _____
Tele _____ (M)	_____ (H)
Address _____	
Email _____	

How Did you Hear About Us?		
<input type="checkbox"/> Facebook	<input type="checkbox"/> Television	<input type="checkbox"/> Other:
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> School	

Performance Experience

Please give details of any arts training or experience: State results of any examinations in Dance, Drama, Singing –also any experience in School Productions or other performing experience.



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Medical

Do you have a medical condition(s) or other circumstances that we should know about?

Yes No

If yes, please give details

Terms and Conditions

- 1. I understand that one free trial class is available per student and that by enrolling I am waiving my right to a free trial class.*
- 2. I understand that places are limited and that in the event the class is oversubscribed my deposit will be returned to me.*
- 3. Studio Space reserves the right to exclude students whose behaviour is disruptive.*
- 4. Studio Space accepts no liability or responsibility for any injury sustained by the student that arises from participation in any activity connected with Studio Space.*
- 5. I authorise the staff my consent, where it is impracticable to communicate with me, to authorise whatever medical or surgical treatment as may be deemed necessary.*
- 6. NUT FREE POLICY –Studio Space has a nut-free policy at all venues. Students are asked not to bring any food containing nut products to classes and performances. We also ask students not to share food. Parents are requested to inform Studio Space in writing of any allergies their child may have.*
- 7. I authorise Studio Space to use photographs/video taken during classes/performances for promotional purposes only.*
- 8. If students cancel prior to the commencement of term then the deposit is forfeited. When cancellation is received prior to the commencement of the term Studio Space reserves the right to try & fill this spot with a new student at their discretion. If the place is filled with a new student prior to the commencement of term Studio Space will refund the balance of the deposit minus a non-refundable \$50 administration fee. The administration fee is non-refundable under any circumstances.*
- 9. Balance is due no later than first day of term. No refunds of deposit or balance are available once term has commenced.*
- 10. Refunds and make-up classes are not available if a student misses a class.*
- 11. I understand that Studio Space reserves the right to cancel classes that do not meet the enrolment quota. In this case a full refund will be given.*
- 12. Enrolment &/or attendance at Studio Space constitutes acceptance of the above terms & conditions.*

Signature _____

Date _____



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Payment Information

Deposit Amount - \$95.00 per child

SING DANCE ACT! Full Term Fee - \$270 per child

LITTLE STARS: SING DANCE PLAY! Full Term Fee - \$135 per child

(A discount is available when enrolling more than one child at Studio Space. Please enquire for details.)

Deposit must be received with application form prior to the commencement of term to secure Placement.

Enrolments will be processed on a first come, first served basis.

*Balance is due no later than **first day of term**.*

Payment by Credit Card

Card no. ____ / ____ / ____ / ____

Expiry Date: / /

Cardholder's Name

Signature

PAYMENT TERMS AND CONDITIONS

Payment of this workshop is subjected to the agreed conditions above. For the full amount, the charge will be applied to your card prior to the commencement of the workshop. For instalment arrangement, payments will be processed approximately one (1) day after the selected instalment dates. A final receipt will be forwarded to you.

CARD HOLDERS SIGNATURE

Your signature indicates your agreement to the above payment terms and conditions.

Payment by EFT

Account Name: St Giles Society

BSB: 037-608

Account #: 811521

Please include your **Child's Last Name** and **SSS** as a reference (i.e. SMITH-SSS)

Please Note – Instalment payments cannot be made by EFT