



# LHD PRIVATE DANCE 2025

PLEASE RETURN THIS REGISTRATION/CONTACT FORM TO THE FRONT OFFICE

Student Name: \_\_\_\_\_

## REGISTRATION

- I would like my child to participate in the 2025 LHD Private Dance Program.
- I have attached my Direct Debit/Credit Card Debit Authority Form for ongoing semester payments.
- I have attached the completed Confidential Medical Form.
- I acknowledge that the semester fee for 2025 is \$288 (GST inclusive) and this covers 12 lessons.
- I understand that enrolment in Private Dance is ongoing, including from year to year, and that the previously advised payment details will be used to process payments for the subsequent dance fees. If I wish to withdraw my child from lessons, I agree to provide a semester's notice.

*I confirm that I have read the LHD Booklet and I am aware of the terms and conditions as outlined.*

PARENT/LEGAL GUARDIAN NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

## CONTACT DETAILS

STUDENT FIRST NAME	STUDENT LAST NAME	YEAR LEVEL
CURRENT MAILING ADDRESS:		
No. & Street:		
Suburb:	Postcode:	
CONTACT DETAILS:		
Parent/Legal Guardian Name:		
Home No.	Work No.	Mobile.
Email Address:		
ARE YOU ABLE TO ASSIST LHD IN ANY AREA? (e.g. Sewing, Ticketing)		
If yes, please include your Working with Children Card No.:		