



ENROLMENT

Fill in the form and send email to tracychaston@gmail.com

Full Name	:	<input type="text"/>
Email Address	:	<input type="text"/>
Phone Number	:	<input type="text"/>
Date of Birth	:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address	:	<input type="text"/>
City	:	<input type="text"/>
Postal Code	:	<input type="text"/>

I give permission for Peninsula Ballet to take photographs and/or videos of my child during classes, rehearsals, and performances. I understand that these images may be used on the Peninsula Ballet website and other promotional materials.

- ☐ **I agree** to the use of my child's photos/videos for promotional purposes.
- ☐ **I do not agree** to the use of my child's photos/videos.
- ☐ I hereby consent to my phone number being added to the relevant class Whatsapp Group/s.
- ☐ **I agree** to the Peninsula Ballet School's terms and conditions. The full terms and conditions can be found at: ["thepeninsulaballetschool.com/terms"](http://thepeninsulaballetschool.com/terms)

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DATE	The Peninsula Ballet School	SIGNATURE