



Live to Dance Studio - De Beer Road, Dinwiddie

## **ENROLMENT FORM** (YAY we are happy to have you join our LTD dance family)

### **DETAILS OF CHILD**

|               |  |         |  |
|---------------|--|---------|--|
| First Name    |  | Surname |  |
| Date of Birth |  | Gender  |  |
| Home Language |  | School  |  |

### **DETAILS OF PARENTS / GUARDIAN**

| <b>Father / Guardian Details</b> |  | <b>Mother / Guardian Details</b> |  |
|----------------------------------|--|----------------------------------|--|
| First Name                       |  | First Name                       |  |
| Surname                          |  | Surname                          |  |
| ID Number                        |  | ID Number                        |  |
| Cellular Number                  |  | Cellular Number                  |  |
| E-Mail Address                   |  | E-Mail Address                   |  |

Which number should we add to the WhatsApp group ? (can be more than one)

Which email address should we use to receive statements?

**Does the child suffer from any of the following? Please tick the block.**

|                        |  |  |  |
|------------------------|--|--|--|
| <b>Chest Ailments</b>  | <input type="checkbox"/> Specify _____ | <b>Allergies</b>                                 | <input type="checkbox"/> Specify _____ |
| <b>Ear Ailments</b>    | <input type="checkbox"/> Specify _____ | <b>Lung Ailments</b>                             | <input type="checkbox"/> Specify _____ |
| <b>Heart Ailments</b>  | <input type="checkbox"/> Specify _____ | <b>Concentration Problems ?</b>                  | <input type="checkbox"/> Specify _____ |
| <b>Low Muscle Tone</b> | <input type="checkbox"/> Specify _____ | <b>Does your child wear glasses ?</b>            | <input type="checkbox"/> Specify _____ |
| <b>Other</b>           | <input type="checkbox"/> Specify _____ | <b>Is your child on any chronic medication ?</b> | <input type="checkbox"/> Specify _____ |

#### CUSTOMER PRIVACY NOTICE

This Notice explains how we obtain, use and disclose your personal information, in accordance with the requirements of the Protection of Personal Information Act ("POPIA").

At Live to Dance (and including this website, POPIAct-Compliance) we are committed to protecting your privacy and to ensure that your personal information is collected and used properly, lawfully and transparently.

#### Person responsible for account

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Email: \_\_\_\_\_ Sign: \_\_\_\_\_

By signing this document you acknowledge that you agree to the attached Terms and Conditions