2021 REGISTRATION FORM

2021年注册表格

2021 Annual Registration Fee*: \$45 per student \$80 per FAMILY (2 siblings) \$100 per FAMILY (3 or more siblings) 2021年注册年费:每个学生45澳元;每个家庭80澳元(两个孩子);每个家庭100澳元(三个及以上的孩子)

*Registration covers, Insurance, Administration & Music Licensing. Annual registration is non-refundable. 分理事項主,保险,行政费用以及亲兵版权费

注册费涵盖:保险、行政费用以及音乐版权费。注册年费是不予退还的。

Please note: Once student's classes have been confirmed and processed by EDC, an invoice will be emailed. 请注意: 一旦经EDC确认并办理学生的课程,您将会通过电子邮件收到账单。

STUDENTS NAME:

学生姓名:

Date of Birth:

出生日期:

Age as January 1st 2021: 截至2021年1月1日的年龄:

Gender: MALE/FEMALE (please circle)

性别: 男/女 (请划圈)

ACTIVE KIDS VOUCHER NUMBER:

ACTIVE KIDS VOUCHER号码:

(Will be applied in Term 1 as per NSW Government rules) (依据NSW政府规定,将会在第一学期申请)

NO:

号码:

NAME ON VOUCHER:

代金券上的姓名:

CREATIVE KIDS VOUCHER NUMBER:

CREATIVE KIDS VOUCHER 号码:

(Will be applied in Term 2 as per NSW Government rules) (依据NSW政府规定,将会在第二学期申请)

NO:

号码:

NAME ON VOUCHER:

代金券上的姓名:

Student mobile:

学生手机号:

Student email:

学生电子邮件:

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Are you a current EDC student?
您是EDC现任学员吗?
YES/NO (please circle)
是/否 (请画圈)
What Year did you start at EDC?
您是哪一年开始在EDC的?
Previous dance experience:
以前舞蹈经验:
PARENT/CAREGIVER NAME 1:
家长/看护人姓名1:
ADDRESS:
地址:
PHONE (h):
家庭电话:
PHONE (m):
手机号码:
EMAIL:
电子邮件:
PARENT/CAREGIVER NAME 2:
家长/看护人姓名2:
ADDRESS:
地址:
PHONE (h):
家庭电话:
PHONE (m):
手机号码:
EMAIL:
电子邮件:
Where did you hear about us?
您是在哪听说我们的?
Current Student/Web Search/Community Newspaper/FB/Other (Please
circle)
现任学生/网络搜索/社区报纸/FB/其它(请画圈)
If other please list:
若是其它请列举:
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MEDICAL DECLARATION: - Please state any medical conditions and/ or medication we should be aware of (for example asthma and also please specify allergies eg wheat, nuts). I understand that all reasonable care will be taken to ensure the safety of myself/ my child/ren by The Edge Dance Centre. I have provided all relevant medical information to assist in the provision of safe conditions.

医疗声明: -请注明我们应注意的任何医疗状况和/或药物(例如哮喘,还请注明过敏反应,例如小麦,坚果)。我了解,The Edge Dance Centre将采取一

切合理的措施以确保我/我的孩子(们)的安全。我已提供了所有相关的医疗信息,以帮助提供保障安全的条件。

In CASE OF EMERGENCY and a parent/guardian cannot be contacted please notify: 在紧急情况下,如果联系不到家长/监护人,请通知: Name:
姓名:
Phone number:
电话号码:
Relationship to student:
与学生的关系:
Signed:
(Parent/ Guardian)
签名: (家长/监护人)
Date:
日期:
I HAVE READ, UNDERSTOOD AND ACCEPTED The
Trading Terms & Conditions of Enrolment, EDC Policies & Procedures,
Code of Conduct and Student Releases. 我
策和程序》,《行为准则》和《学生同意书》。
来作性[] // , 《[] / 引世代] // 有" 《于工门恋 [4 // 。
Signed:
(Parent/Guardian)
签名:
(家长/监护人)
Date:
日期:
PLEASE CIRCLE THE CLASSES YOU WISH TO ENROL IN: 请在您想报名的课程上画圈
PERFORMANCE TROUPS: Please circle below 团队表演: 请在下面画圈
(Students Age as at 1/1/2021) 学生年龄截至2021年1月1日
Please note: all students enter Competition Classes on a trial basis and acceptance will be confirmed by the Centre's Director. 请注意: 所有的学生将以试课的形式参见比赛课程,中心总监将确认录取

*Students MUST do at least 1 ballet class per week PLUS 1 class of the particular troupe dance style to be eligible.

学生每周必须至少参加一节芭蕾舞课,再加上一节团队舞蹈风格的课程,

才有资格参加。

Date:______ 日期: ______

*TROUPE REGISTRATION FEE: \$30 per student (Non-Refundable) 团队注册费:每个学生30澳元(不予退还) Age TROUPE: YES 团队年龄: 是 SHOW TEAM: YES 表演队:是 CONCERT 2021: Monday 6th December @ Riverside Theatre Parramatta: Please circle below 2021年表演会: 12月6日星期一于Riverside Theatre Parramatta 请在下面画圈 My son/daughter _____will/will not be participating in the End of Year Dance Concert @ Riverside Theatre. 我的儿子/女儿 _____ 将/将不会参加年终于 Riverside Theatre举行的表演会 I have read, understood and accepted all terms and conditions outlined in the participation agreement 我已阅读,理解并接受参与协议中概述的所有条款和条件。 Signed: _____ (Parent/Guardian) 签名: ________(家长/监护人)