



THE EDGE Ballet Academy

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ENROLMENT FORM 2010

Surname _____

Childs First Name _____

Parents Name _____

Home Address _____

Home Number _____

Mobile Number _____

Email Address _____

Classes Attending _____

Does your Son or Daughter suffer from allergies? Yes or No

If yes, what is the treatment?

From time to time we place photos of our students on our web site or in newspaper
adverts or articles do you object? Yes or No