



MINISTRY OF DANCE ENROLMENT FORM

Kindly complete the forms below to enrol with Ministry of Dance Studio. Please note that no student will be enrolled unless all the fields are completed and the Terms and Conditions are accepted.

STUDENT DETAILS				
First Name	Click or tap here to enter text.			
Surname	Click or tap here to enter text.			
Date of Birth	Click or tap here to enter text.	Gender (Check the correct box)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
ID Number	Click or tap here to enter text.			
Landline Number	Click or tap here to enter text.	Cell Number	Click or tap here to enter text.	
Email Address	Click or tap here to enter text.			
Physical Home Address	Click or tap here to enter text.			
Postal Code	Click or tap here to enter text.	Province	Click or tap here to enter text.	
STUDENT MEDICAL INFORMATION:				
Known allergies	Click or tap here to enter text.			
Existing medical conditions	Click or tap here to enter text.			
Medical Aid Name	Click or tap here to enter text.			
Medical Aid Number	Click or tap here to enter text.			
Medical Aid Plan	Click or tap here to enter text.			
Medical Aid Main Member	Click or tap here to enter text.			
STYLE ENROLLING FOR: (Check the correct box)	LEVEL REACHED THROUGH ASSESSMENT AT MINISTRY OF DANCE OR THROUGH EXAMS AT ANOTHER STUDIO (If applicable)			
Acrobatics <input type="checkbox"/>	Click or tap here to enter text.			
Adult <input type="checkbox"/>	Click or tap here to enter text.			
Ballet <input type="checkbox"/>	Click or tap here to enter text.			
Ballroom/Latin <input type="checkbox"/>	Click or tap here to enter text.			
Contemporary <input type="checkbox"/>	Click or tap here to enter text.			
Freestyle <input type="checkbox"/>	Click or tap here to enter text.			
Hip Hop <input type="checkbox"/>	Click or tap here to enter text.			
Modern <input type="checkbox"/>	Click or tap here to enter text.			
Tots (Tiny Toes, Rising Stars, Introduction to Dance) <input type="checkbox"/>	Click or tap here to enter text.			
COMPLETED BY THE STUDIO HEAD				
Date of free trial	Click or tap here to enter text.			
Date of first class	Click or tap here to enter text.			
Class/es Joining	Click or tap here to enter text.			

PARENT/GUARDIAN OR ADULT DETAILS (if signing for a minor)				
First Name	Click or tap here to enter text.			
Surname	Click or tap here to enter text.			
Date of Birth	Click or tap here to enter text.	Gender (Check the correct box)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
ID Number or Passport Number	Click or tap here to enter text.			
Landline Number	Click or tap here to enter text.	Cell Number	Click or tap here to enter text.	
Email Address	Click or tap here to enter text.			
Physical Home Address	Click or tap here to enter text.			
Postal Code	Click or tap here to enter text.	Province	Click or tap here to enter text.	
DETAILS OF PARENT/GUARDIAN OR ADULT RESPONSIBLE FOR PAYMENTS (if this parent/guardian is different from the parent/guardian filling out the form, kindly ensure that this parent/guardian signs that they are liable for payment at the end of the document)				
First Name	Click or tap here to enter text.			
Surname	Click or tap here to enter text.			
Date of Birth	Click or tap here to enter text.	Gender (Check the correct box)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
ID Number or Passport Number	Click or tap here to enter text.			
Landline Number	Click or tap here to enter text.	Cell Number	Click or tap here to enter text.	
Email Address	Click or tap here to enter text.			
Physical Home Address	Click or tap here to enter text.			
Postal Code	Click or tap here to enter text.	Province	Click or tap here to enter text.	
Which bank do you bank with?		<i>We have both an ABSA and FNB account, if you bank with either of these, we will send those banking details to make it easier for you.</i>		
EMERGENCY CONTACT PERSON (PARENT/GUARDIAN OR ADULT)				
First Name	Click or tap here to enter text.			
Surname	Click or tap here to enter text.			
Landline Number	Click or tap here to enter text.	Cell Number	Click or tap here to enter text.	
Email Address	Click or tap here to enter text.			
WHERE DID YOU HEAR ABOUT US?				
Social Media	Click or tap here to enter text.			
Referral	Click or tap here to enter text.			
Flyers	Click or tap here to enter text.			
Other	Click or tap here to enter text.			

TERMS AND CONDITIONS:

FEES AND BILLING:

1. Fees are calculated by taking the number of weeks in the year, excluding December, and then divided by 11 months of dancing. The weeks are calculated by taking 52 weeks, subtracting December and 2 weeks of the July holidays. **The monthly rate runs from January to November and is a flat rate spread over 11 months.** Some months have 4 weeks and some 5 weeks but the monthly rate stays the same.
2. No credit or refunds will be given for classes that are missed due to public holidays, vacations, weather, illness etc. If the teacher cancels, she will do a make up lesson. Students can make up lessons in 2 ways. They can either do an unofficial make up lesson, meaning they slot into another class where there is space at the teacher's discretion or they can do a private lesson at private lesson rates. (Catch up within a month) (Medical reasons with dr note, account put on hold)
3. An annual increase of fees will be implemented each January.
4. Fees are still due in full should classes have to move to virtual for whatever reason.
5. Fees are paid monthly in advance which means that they are due by the 1st of each month i.e. March fees are due at the beginning of March **NOT** at end of March.
6. Accounts that are **OVERDUE** by 30 days will be handed over should payment still be outstanding. We reserve the right to **EXCLUDE** dancers from class should fees not have been paid in **FULL**.

I accept these FEES AND BILLING Terms and Conditions (click the box):

MEMBERSHIP:

1. All terms and conditions must be accepted in order to be a member of Ministry of Dance Studio.
2. An annual membership fee will be charged and needs to be paid each January to ensure that the dancer stays a member of Ministry of Dance Studio.
3. Should proof of payment not be received, the dancer may not be permitted to start class in the new year.

I accept these MEMBERSHIP Terms and Conditions (click the box):

LESSONS POLICY:

1. Private lessons **must be paid on presentation of invoice** as these classes are billed monthly in arrears, in other words the dancer has already had those lessons.
2. Private lessons must be cancelled 24 hours in advance or they will be charged in full unless there are compelling extenuating circumstances.
3. Dancers are required to arrive 15 minutes before a private and start warming up.
4. Choreography obtained in a private lesson is the ownership of the choreographer and may not be used to compete at another studio. The private fees cover the time and expertise of the choreographer only. The dancer may purchase the choreography from Ministry of Dance.

I accept the PRIVATE LESSONS Terms and Conditions (click the box):

PAYMENT POLICIES:

1. EFT payments into MOD bank account are preferable as they would rather not have cash on the premises, plus if teachers have to check cash and write receipts, it holds up the class. **ABSOLUTELY NO CASH BANK DEPOSITS WILL BE ACCEPTED!**
2. The banking details are in the invoice and the dancers name and surname are the eft reference.
3. Any discrepancies or queries will be sent to accounts@ministryofdance.co.za and dealt with immediately and not used as a reason not to pay.

I accept the PAYMENT POLICIES Terms and Conditions (click the box):

DOMICILIUM CITANDI ET EXECUTANDI:

1. The address provided in the Enrolment Form is considered the Domicilium address and is where all legal notices will be sent.
2. If a change of address occurs, the parent/legal guardian or adult in charge of the account will notify Ministry of Dance Studio on nina@gp2.co.za and accounts@ministryofdance.co.za
3. Should a legal notice be delivered to the Domicilium address, it will be considered sufficient for the purposes of legal action and it will be assumed that the parent/guardian or adult has received it.

I accept the DOMICILIUM CITANDI ET EXECUTANDI Terms and Conditions (click the box):

CANCELLATION:

1. When leaving Ministry of Dance Studio, **1 full calendar month notice is required, given on the 1st of the month in writing via email to accounts@ministryofdance.co.za and blair@ministryofdance.co.za.** The child can dance through that notice period.
2. All outstanding dance fees need to be settled in the notice period.
3. Should notice be given and the dancer does not attend class, this will still be deemed a notice period and fees still need to be paid.
4. No refunds will be given for dancers who do not attend class during the notice period.

I accept the CANCELLATION Terms and Conditions (click the box):

EXAMINATIONS:

1. All dancers are encouraged to do exams as it maintains the integrity and standard of dancing at the studio. It is also a qualification that the dancers can fall back on before they've even started their tertiary education as they can go into teaching, choreography or open their own studio.
2. It is compulsory for all dancers who are competing to do exams.
3. Dancers will only be eligible for exams if they have attended 80% or more of their regular classes. If they have poor attendance, they will be pulled from the exam until the studio head deems them ready. This will be irrespective of if they have already paid for the exam or not.
4. Only dancers who have paid in full, will be allowed to do the exams.

I accept the EXAMS Terms and Conditions (click the box):

MARKETING AND COMMUNICATION:

1. The parent/guardian or adult gives Ministry of Dance Studio permission to use video footage, photographs or any other digital or print images of the dancer for (but not exclusive to) marketing purposes such as social media, newsletters, brochures as well as online and offline advertising or promotions.
2. Ministry of Dance will never use identifying information such as a surname or location on any images.
3. Should the parent or guardian not be comfortable with their child's image being used, they will state this in writing to blair@ministryofdance.co.za
4. In the event that the parent or guardian is not comfortable with their child's image being used, it is said parent/guardian or adult's responsibility to ensure that their child does not appear in any videos or photographs.
5. The parent/guardian or adult confirms that they are willing to accept all forms of communication from Ministry of Dance Studio, which is (but not exclusive to) WhatsApp, email, social media, sms, phonecalls. The parent or guardian is also happy to receive the monthly newsletter.

I accept the MARKETING AND COMMUNICATION Terms and Conditions (click the box):

INJURIES AND MEDICAL:

1. All known allergies and medical conditions have been disclosed on the Enrolment Form.
2. It is the responsibility of the parent, guardian or student to inform the teacher of an injury or medical condition that could affect the dancer during class.
3. Ministry of Dance Studio will not be held liable for any loss or injury to a dancer whilst in class or in the confines of the studio building.
4. The parent/guardian or adult assumes the risks associated with the performing arts and acknowledges that it the responsibility of the dancer to follow the rules of the teacher in order to avoid injury.

I accept the INJURIES AND MEDICAL Terms and Conditions (click the box):

POLICY DOCUMENT:

1. The parent/guardian or adult has read and understood all the Code of Ethics attached to this document.

I accept the CODE OF ETHICS (click the box):

SIGNATURE OF PARENT/GUARDIAN OR ADULT SIGNING ON BEHALF OF A MINOR

By selecting the "I Accept" checkbox, I acknowledge that I am signing this agreement electronically. I agree that this electronic signature is the legal equivalent of my manual signature on this agreement. I have had sufficient opportunity to read this entire document. I have read and understood it and I agree to be bound by its terms.

I ACCEPT (CLICK THE BOX)

Click or tap here to enter text.

Electronic Signature (Full Names of Parent/Guardian or Adult)

Click or tap here to enter text.

Date

SIGNATURE OF PARENT/GUARDIAN OR ADULT RESPONSIBLE FOR PAYMENT IF IT DIFFERS FROM THE PARENT/GUARDIAN OR ADULT ABOVE

By selecting the "I Accept" checkbox, I acknowledge that I am signing this agreement electronically. I agree that this electronic signature is the legal equivalent of my manual signature on this agreement. I have had sufficient opportunity to read this entire document. I have read and understood it and I agree to be bound by its terms.

I ACCEPT (CLICK THE BOX)

Click or tap here to enter text.

Electronic Signature (Full Names of Parent/Guardian or Adult)

Click or tap here to enter text.

Date