

**AMJAZZ Dance Studios**  
**Enrolment and Credit Application**

Please complete, sign and return (by post or scanned email) to:  
AMJAZZ  
P.O Box 1791  
ROTORUA 3040  
07-3458632  
[info@amjazz.co.nz](mailto:info@amjazz.co.nz)

Students Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Are you the bill payer? Yes No  
(Or Caregivers Name)

Father's Name: \_\_\_\_\_ Are you the bill payer? Yes No  
(Or Caregivers Name)

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Medical Centre: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Details of person paying account** (if different from above):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Number: \_\_\_\_\_

**Would you like your Account:**

Posted?

Emailed?

**Would you like your Newsletter:**

Posted?

Emailed?

Email Address: \_\_\_\_\_  
(For Accounts)

\_\_\_\_\_ (For Newsletters)

**I agree to pay all dance fees and associated costs in FULL by the end of each term. I have read and agree with the terms and conditions of the AMJAZZ Fee Payment Policy.**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_