WDS ENROLMENT 2025 / INSKRYWING 2025

| EXISUI | ng Entry R 240 Wew E | ntry R 350 Family Discou | \sim |
|--|--|---|--------------------|
| CHILD'S DETAILS | | | |
| Name: | | Surname: | |
| Date of Birth: | Age: | Date of lesson: | |
| ID Number: | | | |
| PARENTS INFORM | MATION: | | |
| Name and Surname | | Cell Number: | |
| Email: | | | |
| PERSON RESPON | SIBLE FOR PAYMENT | | |
| Name: | | Email: | |
| wdspayme Please indicate be | following a ents@gmail.com (Please s low in which classes your | payments will be sent via em address: ave this address to your con child will be participating. | |
| wdspayme Please indicate be | following and sents@gmail.com (Please solow in which classes your complete which level) | address: ave this address to your con child will be participating. | |
| wdspayme Please indicate be (Your teacher will | following a ents@gmail.com (Please s low in which classes your | address: ave this address to your con | |
| Please indicate be (Your teacher will of the second | following a sents@gmail.com (Please sents@gmail.com (P | address: ave this address to your con r child will be participating. Full Package Jnr Full Package Snr Show class e nolidays or public holidays r students before or after their refore before the 3rd of the made by the signatory, all outsta | lesson times |
| Please indicate be (Your teacher will of the content of the conten | following a sents@gmail.com (Please sents@gmail.com (P | address: ave this address to your con child will be participating. Full Package Jnr Full Package Snr Show class e nolidays or public holidays r students before or after their refore before the 3rd of the made by the signatory, all outstarease to cover admin costs. the year, and I understand that | esson times nonth. |

INDEMNIFICATION:

WESSELS DANCE SCHOOL IS COMPLETELY INDEMNIFIED WITH REGARDS TO ANY LOSS OR DAMAGE OR INJURIES OF ANY NATURE ON THE PREMISES THAT MAY HAPPEN TO LEARNERS DURING THE ATTENDANCE OR TEACHING OF DANCE LESSONS AND/OR BEFORE OR AFTER A LESSON.