



CLASS:

DAY:

REGISTRATION FORM

PUPIL

Name:

Date of Birth:

Address:

Telephone Number:

PARENT OR GUARDIAN

Name:

Address (if different from above):

Alternative Telephone Number:

EMAIL ADDRESS:

MEDICATION

Please specify any medical conditions your child may have (i.e. asthma)

If your child does suffer from a medical condition, please sign below with your response to the statement.

I do/do not object to medication being administered in an emergency.

Signed:

TEACHING

In the course of a dance class it is often necessary to adjust the position of a foot or arm, to indicate the use of a particular muscle by physical contact. If you have an objection to this please indicate below.

I do/do not object to this.

Signed:

PHOTOS

I do/do not object to photos and videos being taken of my child for dance shows, leaflets etc.

Signed:

FEES

Fees paid termly in advance.
One terms notice required on leaving.

Signed:

Our Data Protection Policy and Child Protection Policy can be found on our website, or please ask to see a copy.