



Enrolment Form

Child's Details

Surname: Date of birth:

First Name:

Address:

.....

..... Post Code:

Contact telephone numbers: (1) (2)

Parent Email Address:

Parent's Details

Title:

Surname:

First Name:

Medical Information & Additional Needs

Please give details of any serious medical conditions of which the teacher needs to be aware of: e.g. asthma, epilepsy, allergies (nuts, bee stings, hayfever etc). Please also indicate if your child carries medication with them.

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Does your child have any special educational needs? If yes please give details below.

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(All information provided will be kept private and confidential)

Photographs

During your child's attendance at **West Peterborough Dance** we may need to take photographs for publicity purposes. Please sign below to give your consent for your child to be photographed on these occasions.

..... **Signed Parent / Guardian**

Website & Social Media

We occasionally like to show what our students have been working on by posting photos and videos on our website, Facebook and Instagram pages. Please sign below if you are happy for your child to be included in this.

..... **Signed Parent / Guardian**

Copyright

Please sign below to confirm that any music given out during lessons will only be used for the purposes of **West Peterborough Dance**. Use for any other purpose requires prior authorisation from Miss Hird or Miss Mason.

..... **Signed Parent / Guardian**

Classes

Please list below the class/es which your child would like to attend:

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.....
.....

Invoices

I would like to receive invoices via: **Email / Paper Copy (please delete as appropriate)**

I understand that failure to attend the agreed lessons does not entitle me to any refund. I also acknowledge that half a term's notice is required when leaving West Peterborough Dance. If cancellation notice is not given, full payment will be due.

Signature:

Date: