



PUPIL REGISTRATION FORM

Please note that any information you give us is to ensure that we can provide the best care for your child and will be kept confidential. Please complete in CAPITAL LETTERS.

GENERAL INFORMATION

Name

Address

Postcode

Telephone number(s).....

Email address:

Date of Birth / /

MEDICAL

Any medical conditions (eg. asthma, diabetes, epilepsy)
.....
.....
.....

Any past injuries
.....
.....

Any medication being taken

Should the need arise, are you happy for us to administer first aid to you / your child?
Yes [] No []

OTHER INFORMATION & CONSENTS

Where did you hear about Dance Warehouse:
.....

From time to time we may use photographs of pupils for publicity purposes (eg. newspaper articles, brochures and images on our website).

Please tick if you prefer us NOT to use images of your child []

We may send you newsletters and information regarding timetable changes, rehearsals etc by email. Please tick if you prefer us NOT to contact you in this way []

I confirm that I have read, understood and agreed to the fees' terms and conditions below.

Signed Date / /

Fees:

Fees are non-refundable. Prices displayed are per ten week term (except those classes that are charged on a pay as you come basis), and are payable in advance no later than the end of week 5. We are happy for payment by instalments– please speak to us if you would like to pay by this method.

Current students will be automatically allocated a place in the class(es) they are attending for the following term. We would kindly request that parents notify us with half a term's notice if they wish to withdraw their child from a class otherwise a full term's fee will be payable.

For Office Use only:

RAD CANDIDATE ID NUMBER (Ballet students only)