



Registration Form

Date of registration: _____

Full name of child: _____

Age at time of registration: _____

Date of birth: _____

Address: _____

Home telephone number: _____

Parent's name: _____

Parent's mobile number: _____

Email address: _____

Emergency contact name: _____

Emergency contact number: _____

Relation to child: _____

Child's Medical conditions/allergies: _____

How did you hear about Elevation Dance Studios? _____

Any previous dance experience?: _____

Do you give permission for photographs to be taken of your child for advertisement purposes only: _____

*All dancers are automatically put forward for annual exams & shows if we feel they are ready. If you **do not** wish for your child to participate in these events please tick this box*

P.T.O →

Fees

At Elevation Dance Studios, fees are to be paid for termly. If you join in the middle of a month – weekly payments may be made up until the start of a new month where the rest of the terms payment is due.

Our term payments are split into the following:

January – March / April – June / July- September / October - December

Payments can be made by cash or BACS only

At Elevation Dance Studios, we are a team.

Dancing is a team sport where we work together to be the best we can be.

We appreciate life can be busy at times but encourage all of our pupils and parents to be as dedicated as possible towards classes, shows and exams.

Please consider this before signing up to be a part of Elevation Dance Studios.

Declaration

I understand that weekly fees are only payable during my child's first couple of weeks at Elevation Dance Studios.

I agree to pay for my child's classes in advance of each term and I understand that fees will not be refunded if my child leaves during the term.

I understand that if fees are paid any later than two weeks after they are due, there will be an additional £10 administration charge.

I understand that **all** classes must be paid for, even if missed and that refunds on classes will only be given in cases of severe illness or injury, in which case a doctor's note will be required.

Your personal information on this registration form will be retained by Elevation Dance Studios only and not shared with 3rd parties. We will only contact you regarding Elevation Dance Studios matters, and if your child leaves the dance school your personal information will be destroyed accordingly.

By signing this form I agree to all of the above points and give permission for Elevation Dance Studios to store my personal details securely.

PRINT _____ SIGN _____ DATE _____



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