



## Registration Form

Date: \_\_\_\_\_

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 after your free trial class. If you join in the middle of a term – the termly payment will be prorated based on how many weeks are left in the term at the point of joining.

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 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 3<sup>rd</sup> 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 \_\_\_\_\_



Principal – Miss Parisa Aram AIDTA, BA(Hons)

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