

# ***THE QUAY SCHOOL OF DANCE***

## **REGISTRATION FORM**

### **CONDITIONS OF ACCEPTANCE**

1. All fees are payable in advance and are due within the first two weeks of each term.
2. Should a pupil wish to be withdrawn from the school, one term's notice in writing, or a term's fees in lieu must be given.
3. Pupils are expected to present themselves for class in the correct uniform after the initial settling in period. Parents are invited to watch the last lesson of the Autumn and Summer term.
4. The set uniform is compulsory.
5. In order to facilitate children's dance learning we feel it is sometimes necessary to correct our pupils by using physical contact. This hands-on approach is to aid the understanding of correct body placement.
6. Pupils are under the care and supervision of The Quay School of Theatre Dance **only** while in the room where dance lessons are held. It is the parent's/guardian's responsibility to care for children immediately before/after/in between classes.
7. Parents/guardians may wish to film/photograph end of term lessons. Please let us know if this is an issue.
8. The Quay School of Dance may use photographs/videos of pupils to promote the school through the website, social media or other sources.

**THE PRINCIPAL RESERVES THE RIGHT TO REFUSE ADMISSION TO ANY CLASS AT ANY TIME.**

**I AGREE TO THE ABOVE CONDITIONS \_\_\_\_\_ (signed) PARENT/GUARDIAN**

**PLEASE KEEP THIS PART FOR YOUR REFERENCE**

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**Please return this part to Marie Morris**

NAME OF CHILD

NAME OF PARENT(S)/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

TEL NO (HOME): \_\_\_\_\_ (MOBILE): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

EXISTING MEDICAL CONDITIONS: \_\_\_\_\_

### **I AGREE TO THE CONDITIONS OF ACCEPTANCE**

**DATA PROTECTION** – I agree to Quay School of Dance holding the details listed above - the only organisation that any of these details (name and date of birth) may be shared with is the I.S.T.D. for examination entries.

I agree to The Quay School of Dance using photographs / videos to promote the school through the website, social media or other sources.

SIGNED: \_\_\_\_\_ PARENT/GUARDIAN

DATE: \_\_\_\_\_ CLASS ATTENDING: \_\_\_\_\_

If you wish to have any of this information withdrawn at a later date please contact M Morris.



FULL NAME:: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

TEL NO (HOME): \_\_\_\_\_ (MOBILE): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT NUMBER: \_\_\_\_\_

ANY MEDICAL CONDITIONS WE NEED TO BE AWARE OF: \_\_\_\_\_

\_\_\_\_\_

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I agree to The Quay School of Dance using photographs / videos to promote the school through the website, social media or other sources.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_