

# PADANCE REGISTRATION FORM

PLEASE USE BLOCK CAPITALS

<b>CHILD'S DETAILS</b>
Child's full name:
Full home address:
Postcode:
Telephone No:
Date of Birth:

<b>PARENTS DETAILS</b>
Mother's Name: Occupation:
Mobile phone No:
Email Address;
Father's Name: Occupation:
Mobile phone No:
Email Address;

<b>CHILD'S HEALTH DETAILS</b>
Name of child's doctor:
Name & address of practice:
Telephone No:
Allergies / Health problems / Disabilities:
Does your child have SEN or work with the CAMHS team: any information will help us work with your child.

<b>EMERGENCY CONTACT DETAILS - Friend or Relative who can be contacted when parents are unavailable.</b>
Name:
Relationship:
Telephone No:
Mobile phone No:

<b>NAME OF PERSON WHO WILL NORMALLY COLLECT YOUR CHILD</b>
Name:
Relationship:
Telephone No:
Mobile phone No:

**Lesson fees are payable in advance. All fees must be paid by the first week of term.  
If fees remain unpaid for 2 weeks your child may forfeit their place in the school.**

As the person with parental responsibility of ..... I have read and accept the terms and conditions above.

Signed ..... Date .....

I do /do not give permission for my child's photo/video's to be put on the Poole Academy of Dance and Image Performing Arts website and social media.

I consent to any emergency medical treatment necessary whilst my child is at the Poole Academy of Dance Ltd.

Signed person with parental responsibility.....

Print Name .....

Date .....

