

PUPIL REGISTRATION FORM

Following your trial visit, please complete this form and return with £5.00 deposit towards the first term's fees in order to confirm the place. Cheques should be made payable to Mrs Helen Brewer.

Name of Pupil _____

Pupil's Date of Birth ____/____/____

Name of Parents/Carers _____

Address _____

_____ Post Code _____

Mobile _____ Alternate contact number _____

Email _____

Previous training (if any) _____

Medical conditions (Asthma/Hearing difficulties/Seizures etc)

How did you hear about us? _____

Once children are settled, half a terms notice is required should you wish to discontinue classes. This is necessary in order to regulate the size of classes for the benefit of all students. Please confirm below:

You understand that Ballet is a physical art form.

To explain body movement and prevent injury, physical contact may be necessary. Please tick the box.

You understand that in lieu of sufficient notice, half a terms fees will still be payable. Please tick the box.

Signature of Parent/Carer _____

Date ____/____/____