

# SPOTLIGHT PERFORMING ARTS

## REGISTRATION FORM

Name of child:

Name of Parent/Guardian:

Title:

Address:

Postcode:

Telephone Number:

Mobile Telephone Number:

Emergency Contact Number:

D.O.B:

Date of Registration:

Class attended:

Any known allergies/medical conditions:

Any other useful information:

I give permission for my child to be included in School Show videos and photographs used for school website and local news articles:  
(please sign)

Please tick to indicate that you have received and understood the welcome pack including:

Welcome Letter

Administration Policy

Behaviour Policy

Examination Policy

Signature of Parent/Guardian:

# Spotlight Theatre Dance Studio

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Name of Parent/Guardian:  
Title:  
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Telephone Number:  
Mobile Telephone Number:  
Emergency Contact Number:

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- Welcome Letter
- Administration Policy
- Behaviour Policy
- Examination Policy

Signature of Parent/Guardian: