

Spotlight Theatre Dance Studio

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 / Classes 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 the 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: