**Registration Form**

**Full Name**……………………………………………………

………………………………………………………………..

**Date of Birth**…………………………………........... **cara@theoneschoolofdance.com**

**07811127492**

**Age**..............................................................................

**Address**………………………………………………………………………………………………..

…………………………………………………………………………………………………………

………………………………….................**Postcode**…………………………....................................

**Email address**…………………………………………………………………………………………

*Most of our communication will be sent by email, please speak to a member of staff if you would prefer to receive yours in a different way.*

**Parent/Guardian**…………………………………………………………………...............................

**Phone Number**………………………………………………………………………………………..

**School**…………………………………………………………………………………........................

**Any Medical Conditions**/ **Allergies**…………...……………………………………………………..

…………………………………………………………………………………………………………

**Emergency Contact Name**…………………………………………………………………………...

**Phone Number**………..........................................................................................................................

**Any previous dance experience**……………………………………………………...........................

………………………………………………………………………………………............................

………………………………………………………………………………………............................

…………………………………………………………………………………………………………

**Classes interested in attending**………………………………………………………………………

…………………………………………………………………………………………………………

The One School of Dance would like to offer your child quality dance classe with trained teachers that all have a current DBS check. Risk assessments will be carried out every class and there will always be someone onsite with the relevant first aid and safeguarding certificates.

May we ask a few things from you…..

* **If any medical conditions change with my child it is my responsibility to talk to the teacher about this.**

Parents Name………………………………………………

Signed……………………………………………………...

* **If any contact details change from the original application form it is my responsibility to ensure I have let a member of staff know.**

Parents Name………………………………………………

Signed……………………………………………………...

* **If my child is suffering with an injury it is my responsibility to make the teacher aware.**

Parents Name………………………………………………

Signed……………………………………………………...

**There may be times where photos and videos are taken in class for learning purposes or are taken to be displayed on The One School of Dance’s website/ facebook page, images may also be used on promotional material.**

I……………………………………(parent name) agree to my child’s photo to be taken, and or for my child to be included in a video and to be displayed on the schools website or facebook page.

Signed…………………………………………………………

If you have any queries on any of the above please speak to a member of staff or contact us via email, phone, website or facebook.