



*Les pas de ballet*

ENROLMENT FORM

Pupil Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Email Address \_\_\_\_\_

Contact Number \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Any medical condition / allergy we should be aware of?

\_\_\_\_\_

Previous Dance Experience? \_\_\_\_\_

Last ballet exam taken, if any \_\_\_\_\_

I understand and agree to the following terms:

- A one off fee for registration and insurance of £10 (non refundable) is payable on registration.
- All fees are due for payment on or before the first lesson of each term.
- A half term notice is required when withdrawing your child from classes.
- Missed classes are not refundable.
- Pupils are requested to attend class wearing the recommended uniform.
- Hair must be tied back and for safety purposes jewellery should not be worn.
- It may be necessary for teachers to use physical contact when helping to improve pupils' posture or assist in movements.
- We occasionally take photographs for publication purpose.

Please tick the box if you would prefer your child not to participate.

I do not want my child's image used in any publicity.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return this form with your registration fee and first term fee to:

Miss S Aoki, 5 Colosseum Terrace, London NW1 4EB

07817 500942

lespasdeballet@gmail.com