

REGISTRATION FORM

Please complete, sign and return this form once you are satisfied with the Terms and Conditions laid down by the Babel School of Dance. Return to the office with £5 registration fee. This will be deducted from your first payment.

Surname : First Name:.....

Address:.....

..... Postcode:

Tel No..... Mobile:

Date of Birth:...../...../..... Email Address:.....

Emergency No:..... Contact:

***Does your child have symptoms of any of the following:**

Asthma Epilepsy Hay Fever/Allergy

Other, please specify:

Treatment required:

*Please be assured that anything stated above will not have any effect on your child's position within the school. It is helpful for staff to know if there is a situation that may arise during a class.

PLEASE TICK BELOW THE DANCE STYLES YOU ARE CONSIDERING.

Ballet **Tap** **Modern**

Disco/Street **Musical Theatre**

Which Site? **Heston** **Hayes**

Cont'd ...

How did you hear about the school?

Banner Library School Internet
Publication Other Please
specify.....

Payment of Fees – Please indicate below

(Separate Tarrif)

Weekly* Half Termly Termly Monthly**

*Weekly – All lessons must be paid for even in absence.

** Monthly – This must be done through a Bank or Building Society

Terms and Conditions

Please ensure you have read the school Term’s and Conditions document before you sign this form. If you are completely happy with said document, please sign below.

Signed:.....Date:.....

If your surname is different to that of your child, please print your surname and your child’s surname below.

Your Surname:.....

Child’s Surname:

Office Use Only:

Date Enrolled: BSD Ref No.

Team: Fonteyn Pavlova

Heston Hayes

ISTD NO:..... RAD NO:

YOU WILL NEED TO ARRIVE APPROXIMATELY 15 MINUTES EARLY TO COMPLETE REGISTRATION AND BE SHOWN TO YOUR CLASS.