

Enrolment Form

Name of Pupil

Date of Birth

Name of Parent/Guardian

Address

Postcode

Home Telephone

Mobile

**E mail (compulsory, as this is required for notification purposes)**

Emergency contact & telephone number/s

It is the responsibility of the parent/guardian to inform DCS of any medical condition/s that the pupil may have, this is to ensure that this is taken into consideration during classes and will remain strictly confidential.

Medical Condition or N/A:

Indicate which classes will be attended:

TICK	CLASS	TICK	CLASS
	Saturday Baby Class		Saturday Primary Class
	Saturday Junior Class		Saturday Senior Class
	DCS Competition Squad		Tuesday Primary Elite Tap & Modern
	Wednesday Primary Elite Acro		Wednesday Junior Elite Acro
	Wednesday Senior Elite Tap & Jazz Tech		Thursday Junior Elite Tap & Jazz Tech

I have read and accept the terms and conditions of all DCS policies.

Signed (Parent/Guardian)

Date

**This form must be completed at the beginning of each year for insurance purposes; otherwise, your child/children may not be able to participate in any class.**

Please note, your data will remain strictly confidential in line with the Data Protection Act.

NEW PUPILS:

Where did you hear about DanceCrazy Studios?

If you have taken any previous dance examinations or experience, please provide details below.

**Dancecrazy Studios London Limited Registered Company Number:12271442**

