



DANCESATION ACADEMY OF PERFORMING ARTS  
REGISTRATION FORM

STUDENT DETAILS;

First Names:
Surname:
Date of Birth:
M/F:
Address:
Medical Information/Allergies:

PARENT/GUARDIAN DETAILS:

Full Name:
Relationship to Student:
Phone Number:
Email:
Address If Different from Above:

EMERGENCY CONTACT:

Full Name:
Relationship to Student:
Phone Number:

CLASS DETAILS;

Class Name:
Class Day:
Class Time:

HOW DID YOU HEAR ABOUT US?

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IMPORTANT INFORMATION:

I understand, have read and agree to the terms and conditions
I understand and agree to give half a term's notice if my child wishes to leave the classes or the equivalent fee will be payable.
PARENT/GUARDIAN SIGNATURE:
PRINT NAME:
DATE:

Please return this form to Vicky Horwood either by email, post or in person at your first class

Email; [vicky@dancesation.co.uk](mailto:vicky@dancesation.co.uk)

Address; Vicky Horwood/Dancesation, 54 Headley Drive, Epsom Downs, Surrey, KT18 5RP.

Phone Number; 07793117059.

*\*Please note that EVERY child is offered a free trial. Therefore, if you decide not to continue after your first class, you will not be expected to pay the full term's fees or give half a term's notice in this instance.*