Happy Feet School of Dance

Please write clearly in BLOCK CAPITALS

Full nar	ame of child	
Date of	of Birth Age	
Name c	of Parent/Guardian	
Full Add	ddress (including postcode)	
	Telephone Number Mobile Number	
Emerge	gency Contact Numbers (including name/relationship to child e.g. Mrs Morris, Auntie)	
1)	2)	
Email A	Address	
Childs 9	School Attended	
Importa	tant Medical Information	
GPs Na	ame and Address	
Date St	Started at Happy Feet	
How die	did you hear about the school?	
Have yo	you had any previous dance training?	
Have yo	you taken any exams? If so, please state subject, grade and exam board (e.g. Ballet, G	rade 1, IDTA)
	ollowing points are to ensure that the school operates as effectively as possible with min sses. Please could you sign below once you have read and understood each item.	imal disruption
1)) Fees must be paid on the first class of each new half term (approximately every 7 we I agree to pay the fees on time when they are due. Late payments incur a charge of	
2)		r.
3)		
4)		
	Signed by Parent/Guardian: Date:	
	Thank you for taking the time to fill in this form. Please keep your details up to date of any changes	and inform us