

Fairview
Lower Milkwall
Coleford

Glos
GL16 7LE

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**Allsteps Dance Academy Enrolment**

1. PAYMENT OF FEES - All fees are payable in advance and are non refundable. If payment is made by cheque, it should be made payable to Allsteps Dance Academy.
2. UNIFORM – Regulation uniform should be worn in classes at all times. Uniform can be ordered through the academy – please ask for an order form. Hair must be tied back at all times. No jewellery is allowed, including watches.
3. Although every care is taken during class, the academy can take no responsibility for any injuries that may occur. Pupils must wait to be collected inside and not leave the premises alone. Valuables such as purses and watches must not be left unattended, as the academy cannot accept responsibility for any losses incurred.
4. WITHDRAWAL FROM THE ACADEMY – Dancing classes can only be terminated by giving 6 weeks term-time notice in writing by parents wishing to withdraw a pupil from the academy (or discontinuance of an extra subject).
5. Opportunities will be provided at various times to view your child(ren)’s progress in class.

PLEASE RETAIN THESE RULES FOR REFERENCE AND COMPLETE THE FORM BELOW.

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ENROLMENT FORM FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_(NAME)

I HAVE READ THE RULES OF THE ACADEMY AND AGREE TO ABIDE BY SUCH RULES AT ALL TIMES. I THEREFORE SIGN MY NAME BELOW:

PARENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT NAME(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S FULL NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAYTIME CONTACT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL POSTAL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ANY RELEVANT HEALTH PROBLEMS OR MEDICATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CLASS(ES) DUE TO ATTEND DAY/TIME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*HOW DID YOU HEAR ABOUT ALLSTEPS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***PLEASE TICK IF YOU WOULD PREFER TO RECEIVE INVOICES VIA EMAIL***