**THE L.A. SCHOOL OF DANCE: PRINCIPAL: MRS LAURA GREEN RAD TC(DIST) AISTD**

**REGISTRATION FORM**

**NAME OF CHILD :**

**ADDRESS:**

**POST CODE**

**HOME TEL #:**

**MOBILE #**

**CHILD’S DATE OF BIRTH**:

**EMERGENCY CONTACT NUMBER/NAME 1:**

**EMERGENCY CONTACT NUMBER/NAME 2:**

**E-MAIL ADDRESS:**

**SCHOOL/NURSERY :**

**I AGREE TO THE TERMS AND CONDITIONS REGARDING THE SCHOOLS RULES AND REGULATIONS AND AGREE TO GIVE 4 WEEKS PAID NOTICE IF IT IS MY CHILD'S INTENTION TO LEAVE THE SCHOOL. I AGRRE TO MY DETAILS BEING SHARED WITH NHS TEST AND TRACE SHOULD THEY BE REQUESTED**

**signed............................... date.........................**

**Parent/Guardian**

**FIRST AID :**

**I CONSENT TO TRAINED STAFF AT THE L.A. SCHOOL OF DANCE ADMINISTERING BASIC FIRST AID IF NECESSARY TO MY DAUGHTER(S)/SON……**

**signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**date-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Details (circle your answer)**

**1) Does your child suffer from any of the following:**

 **- asthma - yes / no**

 **- diabetes - yes / no**

 **- heart problems - yes /no**

 **- hearing problems - yes/no**

**If the answer is yes then please give more detail........................................................**

**2) Has any member of your family been diagnosed with a heart complaint - yes/ no**

**3) Does your child suffer from any allergies - yes / no**

**If the answer is yes please state...........................................................................................**

**4) Does your child take any medication - yes / no**

**If the answer is yes please list .............................................................................................**

**If you wish staff at the LA School of Dance to administer any prescribed medication please sign below**

**Medication................................**

**name...................................................**

**Signature............................................. Date...............................................................**

**LAST FEW THINGS :**

 **\*\* I am happy to receive information via email regarding LA School of Dance notices/newsletters/shows/events etc**

**YES PLEASE NO THANKS (please circle/delete)**

**(this data will be stored on a cloud encrypted server/file)**

 **\*\* I have read, understood and agree to LA School of Dance’s Data Protection & Privacy Policy and have received a copy for my records**

**YES NO (please circle/delete)**

 **\*\* I have read, understood and agree to LA School of Dance’s Terms and Conditions and have received a copy for my records**

**YES NO (please circle/delete)**

 **\*\* LA School of Dance have my permission to take photos/videos during classes, workshops, events and performances for the purpose of marketing, publicity and/or archiving.**

**YES NO (please circle/delete)**

**(These will never be shared with any identifying information (age/location/full name etc). Full names will only be used for show programmes.**

 **\*\* LA School of Dance have my permission to use my child’s full name in show programmes /exam timetables**

**YES NO (please circle/delete)**