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| --- | --- |
| CHILD’S NAME:  |  |
| DATE OF BIRTH: |  |
| PARENTS NAMES: |  |
| ADDRESS: |  |
| EMAIL: |  |
| TELEPHONE: |  |
| MOBILE: |  |
| EMERGENCY CONTACT NAME: |  |
| EMERGENCY CONTACT NUMBER: |  |
| MEDICATION DETAILS (IF ANY): |  |
| DISABILITIES (IF ANY): |  |
| NAME OF NURSERY/SCHOOL: |  |
| PREVIOUS DANCE EXPERIENCE (IF ANY): |  |
| HOW/WHERE DID YOU HEAR ABOUT US?: |  |
| ARE YOU HAPPY FOR THE SCHOOL TO TAKE PICTURES OF YOU/YOUR CHILD DURING CLASSES FOR MARKETING PURPOSES AND ADVERTISING OF OUR CLASSES? | PLEASE MARK OR HIGHLIGHT: YES NO |

**IN RETURNING THIS REGISTRATION FORM, I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS OF PRIMA SCHOOL OF BALLET.**