

# Dance Act Theatre Schools

## REGISTRATION FORM

NAME OF PARENT/  
GUARDIAN: \_\_\_\_\_

NAME OF PUPIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POSTCODE: \_\_\_\_\_

CONTACT NOS: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

**EMAIL address:**

**(This must please be given as all correspondence will be made via email)**

DATE OF BIRTH: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

**Please tick classes of interest:-**

<b>Hextable</b> (Tuesday, Friday & Saturday)	Ballet (all levels, grades & majors)	Disney Pop	Street Dance & Musical Theatre	Tap/Modern (all grades & majors)
<b>Bexley Hall Place</b> (Monday)	Baby Ballet	Baby Twinkle Toes Tap	Disney Street Pop	
<b>Bexley Hall Place</b> (Wednesday)	Ballet (Primary & grades 1, 2)	Tap (Primary & grade 1)	Junior/Inter Street Dance	
<b>Bexleyheath</b> (Wednesday)		Grade 3 Tap	Inter/Senior Street Dance	Modern (all grades)

### TERMS AND CONDITIONS

1. **A complimentary trial class** is allowed prior to enrolling to the first term.
2. All classes are payable termly, with fees due before or on the first day of term, but to be paid no later than week 2. **Late payment (week 3 onwards)** will automatically incur a 10% charge. Cheques payable to 'Dance Act'
3. No refunds can be made for classes missed, or if a child is withdrawn from a class, or the school.
4. Uniform must be purchased by week 4 of term (refer to uniform list).
5. All shows and I.S.T.D exams are optional.
6. Please be aware that all our teachers are working professionals and may need to be covered by another suitable teacher. We also feel that it is beneficial to our pupils to experience a variety of teachers/choreographers.
7. I wish to enroll my child for classes at Dance Act & agree to give the dance school six weeks' notice prior to the start of a new term should I wish to withdraw my child from any/all of the classes. I understand that failure to do so will result in six weeks fees becoming payable.
8. Please note that by signing this form you are giving permission for us to allow the administration of any medical procedure or medication should the need arise.

Signed (parent/guardian): \_\_\_\_\_  
(Please retain one copy)

Date: \_\_\_\_\_