

Registration form

Please complete all parts IN CAPTIALS. All parts with an asterisk are essential.

PERSONAL DETAILS

Parent's name*	<input type="text"/>
Child's name*	<input type="text"/>
Email Address	<input type="text"/>
Date of birth*	<input type="text"/>
Address*	<input type="text"/>
Postcode*	<input type="text"/>
Telephone (home)*	<input type="text"/>
Telephone (work)	<input type="text"/>
Mobile	<input type="text"/>

MORE INFORMATION

Is there anything I should know about your child's health that may affect his/her dancing*?	<input type="text"/>
In emergency please contact*	<input type="text"/>
Previous dance experience (if any)*	<input type="text"/>
Last exam taken	<input type="text"/>
Previous teacher	<input type="text"/>
How did you hear about us	<input type="text"/>