![MC900310094[1]]()

Amy Flynn School of Dance

# Studio: Wheatpieces community centre

# Tel: 07841637488 e-mail: afdance@live.com web: [www.afdance.co.uk](http://www.afdance.co.uk)

Registration Form

Parent or Guardian’s Name(s) ……………………………….…………………………….

Bill Payer’s name(s) if different ……………………………………………………………..

Child’s Name – ……………………………………………………………………………….

Child’s Date of birth-......................................................................................................

Child’s Address ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Bill Payer’s address if different - .....................................................................................................................................................................................................................................................................................................................................................................................................................

Parent or Guardian’s Email …………………………….……………………………………

Bill payer’s email if different …………………………………………………………...........

Emergency contact phone numbers: 1):............................................................2):.....................................................

Bill payer’s Phone number if different:

Home:………………………………………….Mobile………………………………………

Class(es) wishing to enrol in at time of registration- ..............................................................................................................................................................................................................................................................................

Medical information that may affect participation

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All information will be kept private confidential in accordance with General Data Protection Regulation May 2018.

Please tick to confirm you agree for AFDance to use your above details for the following use:

school register, class registers, contacting parents/guardians/bill payers generally and in emergency, accounting and invoicing, exam applications, festival applications, performance administration, health and safety purposes, accident records,

□

Please tick to confirm you agree for AFDance teachers to have emergency contact details and necessary medical information

□

Please tick to confirm you have read and agree to the AFDance policies as published on Afdance website and available via email.

□

Please tick to confirm you understand that at this school ‘hands on teaching’ may be given once Covid-19 has gone and give consent for the teacher to do so (currently not being carried out due to coronavirus)

□

Please tick to confirm you give consent for your child to be filmed or photographed by AFDance staff for

a) teaching purposes □

b) publicity and AFDance social media pages □

c) AFDance private facebook group to keep parents up to date, share routines to be rehearsed and show what we’ve been working on. □

Please tick to confirm you give consent for AFDance staff to administer first aid if appropriate.

□

Parent or guardians signature…………….. Date……………

Amy Flynn School of Dance. Principal:Amy Flynn, DDE, BA (Hons)