

# MARGARET DANCE ACADEMY REGISTRATION FORM 2010

DAY AND DATE REGISTERED.....

NAME OF CHILD.....

ADDRESS.....

.....

.....

POSTCODE.....

HOME PHONE NO.....

MOBILE PHONE NO.....

EMAIL ADDRESS.....

DATE OF BIRTH .....

SUBJECTS TAKEN:            BALLET        TAP                            PLEASE CIRCLE

BRANCH:                    EALING        OLD OAK                            PLEASE CIRCLE

Does your child have any medical problems we should be aware of?

Yes                    No                    PLEASE CIRCLE

If yes, please give details.....

Please sign here if you give permission for your child to be photographed  
For publicity purposes

Sign.....

I agree to give **half a term notice if my child no longer wishes to  
continue, otherwise I will be due to pay half a term's fees.**

Print.....

Sign.....