



Child Joining Form

please complete and bring it along to your first class!

Full Name:		
Name of Parent/Guardian:		
Permission to collect child:	<p>Please state below those allowed to collect your child from the Academy (other than the Parent/Guardian noted above) :</p> <p>Adult 1 - NAME:</p> <p>Adult 2 - NAME:</p>	
Address:		
Home Contact No:		Mobile:
Age:		
Any previous dance experience? :		
Any relevant Medical conditions or Allergies? :		
Data Protection Act 1998	<ul style="list-style-type: none"> ○ Under the Data Protection Act 1998, we have a legal duty to protect any personal information we collect from you. ○ We will only use personal information you supply to us for the reason that you provided it for. ○ We will only hold your information for as long as necessary to fulfil that purpose. ○ We will not pass your information to any other parties (including other Council departments) unless this is made clear to you at the time you supplied it. ○ All employees and contractors who have access to your personal data or are associated with the handling of that data are obliged to respect your confidentiality. 	
Emergency Contact:	Name:	No:
	Relationship to pupil:	
Signature of Parent or Guardian:		
I enclose a one-off £5 Joining Fee <input type="checkbox"/>		