



Registration Form

SURNAME.....

1st CHILD

FIRST NAME.....

DATE OF BIRTH.....

GENDER.....

2nd CHILD (if applicable)

FIRST NAME.....

DATE OF BIRTH.....

GENDER.....

NAME OF GUARDIAN(S).....

ADDRESS.....

..... POSTCODE.....

1ST CONTACT NUMBER.....

2ND CONTACT NUMBER.....

Does your child have any allergies or medical conditions we should know about?

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Do we have your permission to take photographs of your child/ren as they work if they are given a place at the classes? All photographs of children will be used with the utmost discretion and care. They will be very helpful to us in promoting the lessons and highlighting the pupils' accomplishments.

YES NO

Signature of guardian..... Date.....