

Enrolment Form



Full Name: _____

D.O.B: _____

Address: _____

Post Code: _____

Emergency Contacts:

(please ensure 2 contacts are listed)

1)		2)	
Name	_____	Name	_____
Address	_____ _____ _____	Address	_____ _____ _____
Post code	_____	Post Code	_____
Tel:	_____	Tel:	_____

I agree to my child attending Phoenix Dance Academy and will endeavour to ensure they attend on a regular basis and are available to perform when necessary. If for any reason my child can not attend I will give reasonable prior notice

Also please note that photos will be placed on our website all of which will be tasteful and with no names attached. If for any reason you wish your child not to appear please tick box below (The faces of children not wishing to be seen will be blurred in group photos)

I do not wish my Childs identity to be in any photo on the website

Please State any medical conditions / Allergies _____

Please note that a £5.00 enrolment fee is payable

Signed _____ Date _____

Print name _____

Phoenix Dance Academy
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