



**REGISTRATION FORM**

Rosewood Dance Academy

Please complete this form for Health and Safety.

Name of Parent/Guardian \_\_\_\_\_

Name of Child \_\_\_\_\_

Date of Birth of Child \_\_\_\_\_ Year Group \_\_\_\_\_

Any Medical Conditions that you think I should know about? \_\_\_\_\_

Full Address \_\_\_\_\_

Post Code \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone Number : Home \_\_\_\_\_

: Mobile \_\_\_\_\_

From time to time, photos of pupils are used on the school website. If you are happy for photos of your child to be used then please sign your acceptance below.

I confirm I give my permission for photos of \_\_\_\_\_ (name of child) to be used on the Rosewood Dance Academy website.

Sign \_\_\_\_\_ Date \_\_\_\_\_

The information on this form is for my records only and is strictly confidential. It will only be used in case of emergency, cancellation of classes and to get in touch during exam periods. Please complete and return this form to Miss Rose Elwood.